

Ecstatic
Birth

...riding the waves of life, love,
pleasure & birth!

Ecstatic Birth Foundation Series

Sheila Kamara Hay

And

Dr. Christiane Northrup

Sheila Kamara Hay: Helllloooooo Everybody! And Welcome to the first ever Ecstatic Birth Tele-summit!!!! I'm Sheila Kamara Hay and I am over the top thrilled and delighted to be here tonight with all of you to talk about Ecstatic Birth.

I want to acknowledge each of you. We live in a time and a culture where the words pleasure and birth do not go together. So for each one of you, to understand this vision, to connect to it, and take the leap in joining us tonight.. it is a huge act of courage, consciousness, and love for yourself and for the future of humanity.

We are at a very exciting point right now.. we are awakening, as a global society to all the possibilities of experiencing pleasure in birth. Never before have there been so many movies, so many books, so many advocates, conversations, so much press, so many women coming forward to share their personal experience around this topic...

I created the Ecstatic Birth Tele-Summit to provide a forum.. for all the pieces of information that are now emerging about pleasure in birth to come together and be accessible in one single comprehensive format. Each of the teachers you will meet in the coming weeks will blow the roof off of everything you thought you knew about birth. This will happen to you 10 incredible amazing jaw dropping times.

We have teachers from the world of birth.. teachers from the world of female sensuality and sexuality.. and a teacher of kundalini yoga... All sharing everything they know about pleasure in birth, the interconnectedness between sexual energy and birthing energy, the importance of sensuality and a woman's relationship to her own body.. each of them will be sharing with you tools that you or your clients can use to prepare for an Ecstatic Birth.

This is the point if we were in a room together, I would ask you to pause and look at the people around you. You are stunning. Let me be your eyes for a minute and share with you, what I see...I see women from all over the world---Indonesia, Peru, Austria, Germany, Korea, across the US and Canada, Australia.. Ireland, Germany, Denmark, Mexico, South Africa. You are an international community.. you are the ones that will be disseminating this information to your communities around the world. I am thrilled with all you and your passion.

Among you are Midwives, physicians, doulas, childbirth educators, bodyworkers, yoga instructors, a wide variety of kinds of visionaries and practitioners. You are the people who can bring this consciousness to expectant mothers....because between you and me 99% of them are still asleep. As practitioners, you can open their doorway to the possibilities that you will be exposed to in this Tele-Summit.

Among you, are also expectant mothers- with due dates between January and July. I want to congratulate each one of you--- this is a supreme act of mothering you are giving yourself and your child right now and I also want to caution you. Everything that you hear over the next few weeks is an ideal. Use that ideal to inspire you to reach for the most exceptional experience you can possibly imagine and create in your births. Revel in the beauty of the ideal, enjoy it as you would a work of art. Do not use the ideal as a measuring stick to judge yourself by. Each of you has your own reality and your process right now is navigating the space between your reality and all of these ideals that you will be exposed to. Navigating and bridging that gap is my gift and I'm happy to support any of you in that process. Please feel free to reach out, if you desire that.

I also see among you future moms, women who know that they will be having children someday and want to begin preparing now. We are going to give these women a great big virtual standing ovation... Their presence here today is an incredible act of supreme consciousness! What you will hear over the next few weeks is critical information for future moms. This is information that we would hope everyone would grow up with and have as a given part of their reality.

As you all know it is not. That is why we are here today. To turn our cultural inheritance—the belief that childbirth is a terrible horrible burden that women have to endure as a perpetual punishment for the “original sin” – to take that cultural inheritance and turn it- upside down, inside out and to begin to create a new reality- a reality in which birth is sacred. In which a woman is empowered and powerful. In which childbirth is an event full of joy and pleasure for mom and baby.

I would like to share a little bit about my journey- which begins with the birth of my son. I had a vision of a birth that was all of those things, but I didn't know how to create it. I signed up for a natural childbirth class and pretty much wished upon a star, that I would be one of those lucky ones. What I ended up with was more traumatic than ecstatic. I knew that if I ever was going to do it again, it had to be totally different. And during my next pregnancy, I trained- I trained mind body soul in every way that I could possibly think of and I had a natural, peaceful beautiful, Zen like birth.

With my third, I knew I could do it.. I wanted to see if I could ENJOY it... and that was where I put my attention during the next 9 months. And I had the most incredible experience. Afterwards, I kept saying to my husband, “I don't understand. Why didn't I know it could be this good. Why doesn't everyone know that it can be this good? So I began to tell everyone and that is the beginning of a long spiral that brought us all here to today. And after this tele-

summit, my desire is that you all know how good it can be and can pass this information on to your communities.

Today, I am so excited to have with me on this call, the woman that launched me on my journey in healing my relationship with my body after my first birth. Dr. Christiane Northrup is a pioneer and a visionary in woman's health. She is a board-certified OB/GYN who after a 25 -year career in both academic medicine and private practice, now devotes her time to helping women truly flourish on all levels by tapping into their inner wisdom. She is the author of several books, including the ground breaking bestseller *Women's Bodies, Women's Wisdom*, a book that touched and changed my life and no doubt countless others. As an OB/GYN, she has witnessed countless births and has a thorough understanding of the current systems and conditions within the westernized medical model and its limitations. In her latest book, *The Secret Pleasures of Menopause*, Dr. Northrup outlines the crucial importance of pleasure as the missing link for creating joyous and vibrant health on all levels.

Tonight, she will be sharing with you why pleasure- physical or emotional or spiritual- is a necessary ingredient in birth and she will share ways that we could, now, in the hospital and at home, infuse the birth process with more pleasure. It is my great honor and pleasure to introduce to you Dr. Christiane Northrup!

Christiane Northrup: Take it away.

Sheila Kamara Hay: It's all you.

Christiane Northrup: I went into the field of obstetrics and gynecology because when I first saw a baby born at Dartmouth Medical School back in the 70's, I was overcome with this sense of pain filled joy or joy filled pain when you are caught between sobbing and laughing. I will never forget it.

Nothing in my medical career had moved me like that. Nothing and at the same time the med student who was doing the delivery let go of the cord, which he had clamped. You should not do this and I'll tell you why, but this is what we were trained to do. You clamp the cord on two sides between the baby and the placenta that's still in the uterus and then you cut it.

Well, he let go of one of the sides of the umbilical cord, the one connected to the placenta inside the uterus. So, the thing acted like a little small fire hose with blood going all over the walls because there's a lot of pressure in there and that pressure, by the way, is nature's way of making sure that the baby's blood volume stays optimal and that while the baby is going through the profound changes, the most profound changes of our lives when we move from being oxygenated by our mother's blood supply through the placenta to breathing air on our own.

Ecstatic Birth Foundation Series: Sheila Kamara Hay and Dr. Christiane Northrup

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Valves have to close in the heart. The lungs have to expand and the lungs are erectile tissue. That's correct. For the lungs to function properly, you need to have enough blood volume and when you clamp the cord too soon or you clamp the cord, especially in a premature baby, the blood volume in the baby is too low and they typically have to be taken to the intensive care unit where the first thing that's done is they get a blood transfusion.

Mother Nature automatically gives the blood transfusion. So, the cord should not be clamped until it stops pulsating. It is its own organ, but back to this first birth.

So, David's Sunday – this is like you'll never forget your second grade teacher's name. Well, this is David's Sunday to the med students. So, the nurse is yelling at him. The couple who gave birth was possibly the homeliest couple I've ever seen before or since and yet despite all of it I wanted to fall to my knees and worship that process and that is why I went into OBGYN.

Nothing had moved me that deeply. So, in the ensuing years of becoming board certified in obstetrics and gynecology I learned many things, but my own inner wisdom was always intact. So, one of the things that we learned back then in Dartmouth was that in order for a woman to have a baby, you had to drape her as though it was a surgical procedure and I remember being more worried about getting the drapes right than attending the woman in birth.

There were these leg things and so on and then the baby would be delivered and whisked to the nursery, taken to the nursery to be “cleaned up and warmed up.” Now, I want you all to think for a moment what it would be like if your dog had puppies and you took the puppies away from the mother and put them in an isolette and moved them into what a doctor friend of mine calls a concentration camp for puppies. That would be the nursery where you then put the puppies under bright light and then wash them under the faucet. You would never do that.

Well, we're mammals too and I can remember the mothers at Dartmouth looking longingly at their babies as the nurse rushed it away because there was this sense that birth was an emergency and that the body didn't know how to do it without all of this medical intervention.

Back then they were inducing many, many, many women for convenience. This was in the early 70's, but then they realized that too many women were being induced prematurely and so on. So, the practice fell out of favor and I moved onto my residency at Dartmouth. Most everyone was a kind of Aryan God or Goddess at the time. We didn't have a multinational population. Now they do up in Hanover, New Hampshire.

I moved to Boston and began my residency and women would go through labor with various medications. Usually a shot of demorol and then just as they were about to give birth the anesthesiologist would rush in and give them a spinal, spinal anesthetic in which they would become numb from the waist down. In other words, absolutely no feeling. Paralyzed. The legs flopped and you couldn't feel anything.

You can do a hysterectomy with a spinal anesthetic and then because you changed the entire process of the uterus and the pelvis pushing out the baby, you'd have to use forceps to pull out the baby and you tried to time the spinal, so that you wouldn't have to pull too hard on the forceps and almost invariably the mother now cutoff from the lower half of her body fell asleep during the very moment when this bright eyed, bushy tailed baby came out and every cell in its body was already bonded to mom because it has started its life in her uterus and where did mom go. She was unconscious.

Later, epidural anesthesia came in and one of the most amazing stories I ever heard was from a colleague from mine in Texas and she was attempting to deliver a baby with a woman who had an epidural and the woman kept telling her to please move over to the side, so she wouldn't miss the sitcom she was watching on television during this profound experience of labor.

In my mother's day, women gave birth through twilight sleep. Twilight sleep was a shot of scopolamine and seconal. You were completely out of it in terms of your own consciousness, but you fought like a wild animal in a cage. So, women were strapped down to their beds and left alone.

The only reason that we stopped administering twilight sleep was that the fetal monitor was invented in the late 60's, early 70's and the fetal monitor in those with seconal and scopolamine showed that the heartbeat was often slowed down and what's called beat to beat variability, which is simply a measure of the tone between the parasympathetic and sympathetic nervous system.

The heartbeat was flattened out indicating that the baby was not doing so well or in this case, was also asleep. That's the only reason that that approach to birth changed and women actually had been brainwashed into believing that birth is the worst thing that can happen to them and then what happens when you go into the hospital is that the people drawn to the birthing field, the obstetricians, the OB nurses, the staff actually have, in my opinion, tremendous amounts of unfinished birth trauma.

The way we heal in life is through repetition. I know most of you have been taught that you're just neurotic which is why you marry your mother and then

when you divorce the guy who was the stand in for your mother, then your boss is your mother and then one of your kids starts to act like your mother and then you marry your mother again and yet another guy. That's not because we're neurotic. It is because we are always, always, always coming back to the place of the wounding, so that we can heal.

So, when I was a resident I knew that twilight sleep was wrong and I knew that spinal anesthesia was crazy. So, I began to carry around a syringe full of lidocaine, so that I could inject the perineum and do an episiotomy because back then we also were taught that a woman's body could not birth normally unless you cut the tissue between the vagina and the anus in what's called the perineum.

Since that time, we have done research that shows that the only thing an episiotomy does is increase blood loss and pain. That's right. Increase blood loss and pain and those studies started to come out in the late 90's and episiotomies are still done to this day because people believe that the female body is not capable of delivering normally.

So, I've come up through obstetrics and back when I stopped being a birth attendant in the mid 80's, I thought that there were too many interventions. Way too many. At the time the caesarean section rate was 25%, which I thought was outrageous. It's now 50% in many teaching hospitals and in some countries around the world it's virtually 100%.

Such is the belief in birth being dangerous and such is the belief in our technology and the belief that medicine and technology will save you that we are actually now preferring – many women are preferring caesarean birth, major surgery to have a baby rather than go through labor and birth which, in their minds, is associated with urinary stress incontinence, fecal incontinence, a vagina that's too big to satisfy your husband and uterine prolapse.

Now, there's no question that those things happen and they happen because of muscle tears and damage to the pelvic floor that comes for the way in which a normal birth is carried out in most hospitals which is a football game in the end. At the end of a football game where you get everyone in a huddle coaching each other on. So, this is what you'll typically see.

A woman lying flat on her back with her knees pulled up in knee/chest position. Maybe her husband and a nurse, one on either side, holding her legs because by now she's pretty tired and when she's pushing, yelling one, two, three, holding it, so that her eyes become bloodshot and she tenses the pelvic floor and therefore the baby comes out over tense tissue that's not well oxygenated and in which the nerves are pinched and that is a setup for having problems.

Now, Ina May Gaskin, who you're going to hear later in this series, who's an absolute international treasure, points out that the cervix is a sphincter. Most of us can't squat down and move our bowels in the middle of an exam room with four to five strangers hanging around us. Someone said, "Okay. Move your bowels or even pee." You couldn't do it because we have a urethral sphincter and we've got an anal sphincter and sphincters only work when you feel safe.

How many of you have had the experience of coming home after a trip, walking into your door to your own home and instantly having to move your bowels, even though you might not have moved them for the past two days while you were traveling. That is because your body feels safe to do what it does in your own home.

So, knowing all this I became pregnant with my first baby when I was at the end of my residency. Like many female doctors, I had a phenomenally effective mind/body split in my own body and I felt as though I didn't want to overly bond with my baby in case something happened.

Now, I didn't expect anything to happen, but I had seen too many women actually have to dismantle nurseries that they had put together and I saw their grief and in my complete ignorance I believed that it was possible to forego grief over the possible loss of a baby if I just pretended it wasn't happening.

I point that out because the whole reason that we have the birthing situation we have around the globe is a similar belief. Something like that where your mind and your body are disconnected. So, when I went into labor with my first, like any good doctor, I went into the bathroom to examine myself, to see how far along I was and I ruptured my own membranes. The reason for that was a velamentous cord insertion, where the cord was inserted on the membrane to themselves.

It would be impossible for anyone to rupture their own membranes doing a little exam while they were sitting on the toilet. I point that out. I don't know how many of you would be likely to do that. I know we have birth professionals listening in, but you usually need what's called an amnio hook to rupture membranes when they're not ready to be ruptured.

So, then of course once you rupture membranes, labor begins in earnest and all I wanted to do was be on my hands and knees in the hallway of my home. Because I was in denial, I didn't even have a bag packed. I had nothing and I know in every cell of my body that if I had simply stayed home on my hands and knees, I would have had this baby in probably three to four hours, but I got in the car and my husband drove me to the hospital where I had been a resident for the past four years.

I stopped at the front desk. They wanted to know where my paperwork was, which I had already filled out, but they had lost it. So, you're there, you're in active labor and someone is asking you these kinds of questions when you're in the middle of active labor, when the left hemisphere, logical part of your brain, isn't working very well because you're in a hyper suggestible state where what's inside you is on the outside.

So, I just bypassed the whole thing and I went to the back of the hospital to the elevator that I always used which was for staff and I went up to the labor and delivery floor and there I was at four centimeters and I stayed at four centimeters for the next three hours. The labor was not progressing.

Instead of walking around or relaxing, I knew let's just start the pitocin. So, we started the pitocin and that's when I realized in my body that a labor that is induced with pitocin or a labor that is enhanced with pitocin is not like a normal labor at all. Pitocin is the drug that causes the uterus to contract in a way that is not physiologic. In other words, a normal contraction has a beginning, a middle and an end and you can ride it like a wave.

A pitocin induced contraction goes up to screech level before you can even get your mind around it and then my daughter flew across the room like a ballistic missile and I remember when I got the urge to push, I remember saying to myself, "If I ever tell another woman not to push when she has the urge to push, may lightning strike me dead," because there was no way I could stop an urge that was that primal and that immediate.

My little girl cried and cried and cried and cried because she had been delivered in such an urgent way and I breastfed her and then I went down to the floor. I didn't send her to the nursery. I said, "She's not going to the nursery," and I took her in the bathroom with me the first time I went to the bathroom, little isolette. The nurse comes in, she says, "Where's the baby?" I said, "She's in here with me," and the nurse says, "You're going to have to learn to leave her sometime," and I said, "Not in the first day of her life."

Remember what I told you before. The staff in hospitals, by and large, in every hospital in which I've ever worked has at least one or two women whose own birth trauma is so unfinished that they almost make it their business to undermine young women, not so young women, having babies or women who desire a natural birth.

Sheila had asked me to talk about why a pleasurable birth is so difficult in a hospital and the reason is that the vast majority of women really do not want to

take responsibility for their birth. They really do want you to do what – one of my patients said years ago. Knock me out. I’m not an Indian.

I’ve come to see in my career in women’s health, which is 30 years old, I have come to see that the places where our most incredible power resides are the places where we have been taught to be afraid of and labor is one of those places. When a woman emerges from a natural birth, when she has been encouraged to sink deep down into her birthing wisdom, she emerges from that birthing bed so much more powerful, so much stronger, with so much trust in her body that she really can’t be talked into things that are outside of her inner wisdom anymore.

She has tapped into something that is transcendent and that is not only the power of pleasure, but it is the power of transformation.

I want to talk with you for a moment about an article that of course got a lot of play and the attention grabbing headline was “Home Birth Triples the Neonatal Death Rate,” and let me tell you what that really means and this was a critique by Andrew Vickers, PhD., who critiqued the article in a beautiful way.

Home birth, according to a physician statement from the American College of Obstetricians and Gynecologists is “trendy and fashionable.” Moreover, women who choose to deliver a baby at home “place the process of giving birth over the goal of having a healthy baby.” Interesting thoughts I guess, but hardly evidence based.

Has anyone actually interviewed home birthing parents to determine, for example, that they rate having a healthy baby at say five out of ten whereas being allowed to listen to Druid Chanting during the second stage of labor is rated an eight and with respect to being fashionable, have researchers really evaluated the wardrobes of home birthers compared with those choosing to labor in the hospital, finding in the former a higher proportion of Mark Jacobs and Manolo Blahnik.

So, he writes, in place of tripling in death rate, the more informative statistic is the absolute increase in neonatal death associated with home birth. He points out before that the pill raises the risk for early breast cancer by 50%. That’s actually a well known statistic that the pill raises the risk of early breast cancer by 50% and he writes, this sounds pretty scary until you realize that most women’s risk is so low that this translates to about one woman with breast cancer for every 10,000 on the pill.

Most women would feel that is a risk worth taking given the benefits of the pill and the possible harm of the alternative, pregnancy, which after all has dangers of its own.

So, he points out, on the basis of the results tables, it is possible to calculate that tripling the death rate turns out to be one neonatal death per 1,000 women who choose home birth. However, the results tables show that those women, the women who choose home birth, would also experience some benefits. Now, listen to this. Including for every 1,000 women, 40 fewer premature labors. Let us not forget that having a baby who's premature is a tremendous trauma for beginning a family 45 fewer caesarean sections. 140 fewer vaginal lacerations and 140 fewer epidurals.

Let me point out that epidurals are associated with unexplained maternal fever. Nobody understands why. So, when the mother gets a fever from the epidural, the baby automatically gets a sepsis workup and antibiotics which is an awful lot of needles being stuck in your newborn whose early, early, early experiences imprint him or her for life.

So, he says, this type of cost/benefit analysis, trading off neonatal mortality against maternal morbidity can seem sort of coldblooded, but if the only thing we cared about was a healthy baby, then we'd do caesareans on all pregnant women at 38 weeks as well as insist that all women conceive once they turned 21.

We implicitly tradeoff risks and benefits any time we consider a medical procedure. Let's do it explicitly rather than implicitly on the basis of decision analytic statistics such as absolute risk rather than headline grabbing statistics such as tripling of the death rate.

There are so many things that I was taught to do that are not evidence based. Do you all realize that fetal monitoring has never been shown to do anything except increase the c-section rate? That's right. This is from my own OBGYN literature. Fetal monitoring took over like some kind of an epidemic when I was in my training and we believe that it was the second coming of Christ and what it did almost overnight was caused the c-section rate, which the World Health Organization suggests that anything more than a c-section rate over 10% is counterproductive. So, it used to be about 10%.

After fetal monitoring it went up to 25% because we didn't know how to interpret the tracings and now that we do know how to interpret the tracings, it still doesn't really mean anything. I mean it means something. What it means to me most of the time is that the mother is frightened and the baby is frightened.

If you could turn her on her left side and then get the uterus off the inferior vena cava or maybe walk her around or maybe treat her like a goddess and rub her feet or have her mate make love to her, kissing her, leave her in the dark in a loving way, get the strangers out of there, get nurse Cratchet out of there, you would

watch the fetal monitor returning to normal because the baby has in many, many cases, most cases, the placenta and the mother are the world's best incubator and we have the capacity within our bodies most of the time to resuscitate a baby.

When I first moved to Maine, actually the chief of our pediatric department was going around the state trying to talk obstetricians into transferring high risk mothers into our hospital instead of waiting for the baby to be born then separating the mother and baby and sending the baby down in an ambulance leaving the mother up north.

The act of convincing obstetricians that the mother was the best transport mechanism lowered the neonatal mortality rate in Maine to the lowest in the United States because the outlying hospitals weren't trying to get their census up. Meanwhile while I was in Boston, we would allow women to deliver in our hospital in order to keep the census up, so that they could get funding from the national funding or state funding when the mother and the baby would have been better off elsewhere.

Sheila talked in the beginning about that ecstatic birth is an ideal. When you go through labor with your own baby, your body is processing the labor that brought you into the world. That's right. The process of having a baby returns you to your process of being birthed from your mother and I'll bet many of you listening have been around enough birthing women to know that when a woman gives birth, even if she's estranged from her own mother, even if her mother is dead, every cell in her own body cries out for her mother to be there.

We are in the process of repairing a huge rent in the fabric of women's wisdom by even suggesting that birth can be a pleasurable orgasmic event that begins the creation of a family and that would include understanding that if your mother is not there or if your mother is an alcoholic or your mother is narcissistic or you've never gotten along, you have a chance with your birth and your baby to end that chain of pain, but you won't escape the part of you that grieves for the mother you never had.

I remember Adrienne Rich's poetry; the woman I needed to call my mother was silenced before I was born.

Today I did my radio show, Flourish with Dr. Stephen Sinatra. He's written a book called *Earthing: The Most Important Health Discovery Ever*. Earthing is connecting to the Earth. He writes, "Beneath your feet outdoors is not just a mere patch of grass, dirt, sand or concrete. It is an omnipresent source of natural healing energy. After you read this book, you will never look at the ground the same way. We humans, as all other living beings, are electrical creatures on an

electrical planet and the ground beneath us is more than something we just stand, walk, play and build on.”

Your body, as a pregnant woman, is Earth to your baby and when you're pregnant, you want to get in touch with the Earth, which is the womb for all of us. So, walk barefoot on the Earth.

Sinatra pointed out that in the 1970's one in 10,000 male babies was born autistic. Now it's one in 69. This comes from a severe disconnect from the wisdom of the Earth. You can argue about vaccines. One thing that you can't argue about is the cost of the electromagnetic fields that we are affected by profoundly.

So, if you're pregnant, I just want to get in. Do not use a cell phone up against your face and not a blue tooth either. Use something with a wire. Hold the phone away from you. Text whenever possible and really get the electrical devices out of your bedroom.

It is the children age zero to seven who are most susceptible to this electromagnetic pollution, but when you're pregnant, if you can get outside, walk on the beach, walk on the sand and understand that you have this enormous opportunity to wire in a child who is able to experience their welcome to the Earth as a pleasurable situation. Can you imagine?

Gay Hendricks has a book called *The Big Leap* in which he talks about the fact that each of us, by the time we're done with childhood, has ingrained within us an upper limit of what we think is possible in our lives. A sort of but boom. We have an upper limit on joy, an upper limit on pleasure, an upper limit on everything good, so typically when we come to, when we start to push that upper limit, we do one of three things.

We get sick. We have an accident or we pick a fight and that's to bring us back down to the limits that we are comfortable with. I certainly know that some of the things that I have said to you are tweaking you. Some of these things may make you angry, may bring up grief, any number of things because as I speak I am pushing up against your upper limits of what is possible.

I left the hospital after I had both daughters. I left immediately that same day and when I went home with my first born, that evening I made love with my husband and I was overcome with the desire to have a whole bunch of children. The orgasmic energy of the birth was there.

I remember old time obstetricians in my medical school class telling me about how the women during twilight sleep would fall in love with them. Women would tell me they had dreams of waltzing with their obstetricians. Birth creates a

cupid's arrow of huge amounts of the bonding hormone oxytocin. Pitocin, by the way, is artificial oxytocin, the one that they use to induce labor and so, when a woman is laboring and when she gives birth, everyone in the room – it's like the thing in *Midsummer Night's Dream* when Titania falls in love with the donkey, with the ass because when she wakes up, the first thing she sees she'll fall in love with.

Well, when you are in labor and you give birth, you tend to fall in love with the birth attendant, the people who are right there and they in part fall in love with you because that's how we humans bond with each other at this most incredible time and that's why it's so important to choose wisely who you have in that room.

There's a woman, Marilyn Moran, who wrote an incredibly controversial book on do it yourself home birth and what was most amazing to me, even though it wasn't scientific, is that she had studied do it yourself home birthers and their particular approach was that the mother having the baby was the opposite end of the sex act and so, because her husband, her mate had gifted her with his sperm, his electrical spark for her magnetic center, she would then give him back the baby as her gift and when mates birth in this way, the oxytocin levels are so high and the feel good chemicals are so high that the sex lives of these couples post partum actually increase.

Now, what do we have in our culture? It is so common that you expect it. You have a baby. You nurse the baby. You have no sex drive. You don't want your husband anywhere near you and he feels that he's completely rejected or he wants to compete with the baby, so he goes out and has an affair.

What if that is simply a screw-up in the way it's supposed to be? What if we gave birth in such a pleasurable way that this cemented the pleasurable relationship in the couple?

Way back in my residency I remember reading *Mother Infant Bonding* by Marshal Klaus and John Kennell. This was the first textbook of its type on bonding. John Kennell founded, started the very first neonatal intensive care unit in the United States at Case Western Reserve and the reason he even studied bonding is that they noticed that those babies, back then, who were born by caesarean section or those babies who were premature and who they kept alive in the neonatal intensive care unit very often came back once they went home.

They came back to the emergency room battered. After all that time and effort and skill went into saving their lives, why is it that these children ended up being battered and that was the impetus for Klaus and Kennell to study bonding. So, they began to study how mammals bonded and they found that there's a sensitive

period in all mammals. It's a different time frame depending on whether you're a goat or a sheep or a puppy or a dog or whatever, but if you remove the baby from the mother during that sensitive bonding period, the mother will often reject the infant from that moment on.

Now, I've already told you we are mammals. There are many, many ways to bond. We bond with babies that we adopt and it's never too late, but particularly in those that have everything to lose, in women who don't have a really strong family, don't have a lot of support, then everything we can possibly do to make their birth experience more pleasurable will save enormous amounts of suffering and enormous amounts of money.

Klaus and Kennell found that – they began to describe the normal bonding process and then realized that that was a bonding process in a hospital. That the hospital itself screwed up the way a mother bonds with her child.

If you look at indigenous cultures, the mother will squat down, give birth and pick up her child and put it right to her breast. They didn't do that in the hospital in Cleveland. They sort of poke around with their fingers at the baby because the process of the hospitalization of birth changed it.

I am very excited that there are 80 of us having this conversation. It's never crowded. It's leading edge. I've been on it my entire life. There's just never a crowd here. I can be on Oprah and Rachel Ray and all of that stuff and do some mainstream work in that way, but when it comes to the idea that your body has the erotic capacity to give birth in a pleasurable way that bonds you to your mate, bonds you to the baby and bonds you to your own body and to your own power, this is anasama [sp].

When I wrote *The Secret Pleasures of Menopause*, most of my people who interviewed me said, "Pleasure. Menopause." Menopause is another birth canal, by the way.

Meister Eckhart, the mystic from the middle ages, said, "For all of eternity, God lies on a birthing bed giving birth. The essence of God is birthing."

Everything you do recreates birth. Sheila conceived this course a while back. I don't know if it was nine months ago. It might well have been and then we go through the process of prodromal labor and then we get to transition where we're fully dilated. So many women at that point just say, "I'm not doing this anymore. I'm leaving."

It's the old phrase; it's always darkest before dawn. Just when you think you can't do it another moment, that's when you're about done and so, that's pretty much

the end of my alone spiel about labor and birth. I left it in the mid 80's thinking that I simply couldn't continue with conventional birth the way it was going and I would never have believed how much worse things could get. Never.

I thought it was really, really quite difficult back in the mid 80's and I was just speaking to a family doc friend of mine who dances tango with me and she was telling me what happens in one hospital versus another. We have two hospitals in town. One is the high risk hospital. The other has midwives and you labor and birth in the same room and so on and nothing has changed.

She said a perfectly normal woman will come in, usually comes in at two to three centimeters. People have watched so many episodes of ER and so many movies. Oh, John, the baby – where the woman isn't even in labor, but she falls to the floor and the next thing you know they've either lost the baby or the mother.

We have been nurtured on these dreaded emergency scenes of pregnancy and so, that's what we expect and unfortunately in the hospital I was taught a normal labor and delivery is a retrospective diagnosis. In other words, everything is a disaster until proven otherwise.

There is a thing in physics called the Heisenberg Uncertainty Principle. The Heisenberg Uncertainty Principle states that the observer changes what is observed. In the electromagnetic field that is around each of us, we draw to us what we believe is true and we co-create our reality in that way and if we believe that a laboring birth is a disaster waiting to happen, that mindset will be instantly transferred to a woman in labor because, as I said before, she is so hyper suggestible. We and you must use that hyper suggestibility to your advantage.

There's a wonderful book called *The Worse is Over* by Judith Prager. She's a hypnotherapist and she has an entire section on what you say if you come across someone who's just had a car accident or whatever it is and the first thing you say is the worst is over. Help is on the way. Your heart rate will now come. You're bleeding – just remove the blood from that particular place. If you see they're bleeding, you'll be able to stop the blood to that area of your leg or whatever it is and when you're in labor, you're in that same hyper suggestible state.

So, can you imagine what it's going to be like for those of you who are currently pregnant to become so saturated with pleasure and positive expectation that when the inevitable negativity comes at you and, by the way, there's this thing in our culture where perfect strangers feel as though they can come up to you and tell their war stories about their own birth.

I've never understood this. Never understood what that is about except that it's the old war mongering metaphor. It's for war. It's not for birthing. It's not for

peace. Birth is not perfect. People die in birth. Babies die in birth, but not that often. In the last 20 years, the maternal mortality rate in the United States has doubled. Meanwhile, it's going down in most of the developing world and in the United States it has doubled.

We do not keep the statistics like other countries and therefore, as Ina May will point out when you get to her section, things that are actually a maternal mortality, for instance, a pulmonary embolism from a c-section done two weeks before will be put down as a death from a pulmonary embolism, but it's actually a maternal death.

So, at this point, we have nowhere to go, but into more ecstatic birthing because we've turned the corner on doing procedures that we thought were saving lives and safe and helpful. Now people don't know how to do a birth in the hospital without all those interventions that most people don't even recognize as intervention. Fetal monitoring, a scalpel ec probe screwed into the baby's head, rupturing the membranes, using cytotec which is a prostaglandin gel which is associated with uterine ruptures even in people who have never had cesareans.

All of these things and then my other all time favorite, it looks like the baby is going to be too big for your pelvis, so we'd better induce it now at 38 weeks. The truth is that most babies are the right size to fit out of your pelvis. That's part of nature's design. To make a baby that will fit the pelvis it happens to find itself in and ultrasound, believe it or not, has really never been very good at determining the size of babies.

What happens when an obstetrician says, "I think this baby is too big for your pelvis." What do you think happens in your hyper suggestible state? What happens is you begin to doubt your ability to give birth normally.

Ina May tells the story about a woman who was very worried about her baby being too big and she just looked at her and she said, "Here's your mantra. You will get huge. Your vagina will open up and it will be huge." She apparently has a film of that birth. She said she's never seen anything like it and then, like following a horse after it has just moved its bowels, everything goes right back to normal and that's possible as well.

Our bodies are not lemons and it's time now to connect with our birthing power and with Mother Earth and with the fact that you have a huge amount of erotic erectile tissue in your pelvis and that's the birth canal both for the sperm to get in and the baby to get out. So, it makes absolutely perfect sense that the baby could get out, could be birthed in this orgasmic state of pleasure. Awash with beta

endorphins and serotonin and nitric oxide and all the feel good chemicals associated with orgasm.

So, now I'd love to take your questions.

Sheila Kamara Hay: I have a question from Kathy.

Christiane Northrup: Okay.

Sheila Kamara Hay: Dr. Northrup, overweight I've had luck using the HCG diet to release weight as you discussed in *Women's Bodies, Women's Wisdom*. Worried that all the toxins stored in the extra fat will be harmful for a baby. Pregnant before I release the weight. Can you speak about that as well as what I should be doing to prepare my body for pregnancy?

Christiane Northrup: Are you pregnant right now and were you pregnant on the HCG? I've got to get the timeline correct on that and, by the way, obesity is one of the biggest problems that we're facing now in the country in general, but in obstetrics in particular.

Sheila Kamara Hay: So, Kathy, if you're hearing Dr. Northrup, it'd invite you to either send me an email to clarify or if you're in the chat room, you can clarify in there. She actually has a second question as well. I can read that.

She writes, "I was on hormonal birth control for about 12 years. Most recently the Mirena IUD. I got it out about six months ago and since then my cycles have been long. About 53 days with a short mucus cycle and a 17 day average luteal phase. Is this unhealthy? If so, what can I do naturally to make my cycle shorter?"

Christiane Northrup: Well, the Mirena IUD, of course, has a synthetic progestin and it can take a little bit for the cycles to get back. One of the best ways to do this is simply with intention, believe it or not. 17 day luteal phase is fine, by the way.

So, what you do is pay attention to the cycles of the moon, the lunar cycles and if you keep some kind of a calendar, whether it's on your computer or in a PDA or in a journal, write down the phases of the moon. Go outside, stand on the ground and look at the moon because you will be able with sheer intent and then also with more conscious grounding to get your body in tune with the phases of the moon because the moon rules the flow of fluid in our bodies. Acupuncture helps enormously as well.

So, that's the hormonal birth control answer. I'm interested though in the HCG. How much weight she lost? When she lost it? When she got pregnant? That sort of thing.

Sheila Kamara Hay: I haven't received anything from her, so I'm wondering if – she might have sent in her question ahead of the call knowing that she wouldn't be on the call.

Christiane Northrup: I understand. Well, just for everyone listening, HCG is human chorionic gonadotropin. It is the pregnancy hormone. It is what is measured in the pregnancy test and back in the 50s a Dr. Simeon in Italy and Switzerland discovered that using minute amounts of HCG and a very specific diet of 500 calories a day helped the body release fat at the level of about a pound a day without hunger and with the usual amount of energy.

For those of you who simply have not been able to lose weight in any other way, like following a low glycemic diet, a diet that does not raise blood sugar, the HCG diet is revolutionary because it changes the hypothalamus. It will often help you get rid of sugar cravings and things that you have been struggling with for a long, long time.

So, that's that one. What else do we have?

Sheila Kamara Hay: We have a question from Anisa from Bahrain. She asks, "What would you recommend for someone who does not have a supportive mother, whose mother will and has never so far attended her birth and is trying for a VBAC? Should we try to talk, mom and I?"

Christiane Northrup: Now that is the most interesting question because when – I call this the mother/daughter chain of pain and I've written about it extensively in the book *Mother/Daughter Wisdom*. When a mother hasn't gotten her needs met, she will often turn to her daughter to meet her emotional needs and the daughter feels how bad that feels because she wants a mother, no matter how old we get, we always need a mother or a mother figure because for many women listening and for many women I know, it doesn't have to be their biologic mother.

It can be a sister or an aunt or a girlfriend who's very motherly. That's the beauty of human females is our bonding circuits and our love is very magnanimous, so we can do that role for each other, but in general, if a mother hasn't had her own needs met, if she doesn't understand what her daughter is trying to do, her ability to sabotage the birth process is possibly greater than any doctors on the planet.

That is because our bodies were formed in our mother's body and she knows how to push our buttons better than anyone on planet Earth. She can raise our doubts about ourselves. We can have three Ph.Ds. and an MD and be making a million dollars a year and if our mother looks at us sideways or criticizes us, it's got the ability to get right in there.

So, I would say you could play with this a little with your mother and say, “Mommy, I would so love your support. I need you. Can you be there for me?” If you can appeal to the loving mother of a little kid, then this could work, but a lot depends. There are times when you’re trying to heal a mother wound when you won’t want to be with your mother for five or six years and that’s okay and then you’ll gradually heal that and get over it as you heal yourself.

Sheila Kamara Hay: That’s beautiful. Thank you. I have a question from Jasmine in Oregon. She asks, “Can you please talk more about how to bring pleasure into the birthing process?”

Christiane Northrup: Oh yes. In a very, very direct way. What you want to do is be very clear with the people that you are around. So, I would look at the website CalmBirth.org, do prenatal yoga, watch that film *Birth as We Know It*. Now, Elena Tonetti is going to be one of your speakers, but here film that she did along the shores of the Black Sea of women giving birth in these Russian birth camps in the 70’s is a transcendent, amazing film.

Also watch *Water Babies*. I put on my Facebook page a video of a birth from France I think. It’s absolutely gorgeous. The woman is completely self contained and in her own process with candles lit and beautiful music. Her cat is walking around. That’s pretty funny.

So, you must deliberately create a pleasurable container for yourself. Get regular massage. Have your feet rubbed and then when you’re actually in labor don’t go to the hospital until the absolute last moment. Make love. Have your mate rub your shoulders and kiss you. Nipple stimulation and kissing opens the cervix because the energy that gets the baby in gets the baby out.

So, making out, being made love to is a wonderful way to bring pleasure into the labor experience and to flood your body with life giving oxytocin and watch beautiful birth stories and that’s the way you do it.

Sheila Kamara Hay: Dr. Northrup, I’m also wondering for women that are in the midst of birth and have prepared in all of these ways, when they get to that moment of like, “Oh my goodness. What am I doing?” and something comes up, what can they do at that point?

Christiane Northrup: You mean like they’re in labor.

Sheila Kamara Hay: They’re in labor. They’re either in labor or pushing and all of their fears.

Christiane Northrup: All the fears and it does. By the way, for all of you, there is a question that there comes a point in the birth process where you may feel like you’re going to

die and this is the Goddess Kali, the Indian goddess. She has skulls on her belt and a dagger and blood and she's also the mother of the universe at the same time.

When you give birth to a child, you die to yourself as a maiden and a mother is born, but make no mistake. A part of you is dying to your old self. So, the key here is to surround yourself with people who really know you and know what you want and people who trust the process of birth and who are not afraid because you will pick up their fear like a shark picks up blood and it's contagious and it will be transferred to you.

So, that's why you want to have someone with you and, by the way, this is where you have a doula, someone who's trained to stand by during labor. Most people's mates, husbands, significant others, have not attended a bunch of labors. They're terrified and so, they can't really offer the kind of support that a doula can offer and a doula is well worth the money. I think it's \$400, something of that nature.

People buy these incredible Mercedes Benz strollers for babies that cost over \$1,000. The baby paraphernalia these days is unbelievable. So, spend the money on birth support. Have a doula there whose whole job is to mother you and then your mate's job is to love you.

Sheila Kamara Hay: I have a question from Carrie Zilman from Pennsylvania that's very relevant to what you're talking about. She says, "Can you please speak a little bit more about the unresolved birth trauma of hospital staff and how it influences the experience of birth in hospitals?"

Christiane Northrup: Well, I've seen it play out in a number of ways. The most unfortunate way is the woman who seems to make it her mission to be short, impatient, undermining to young women having a baby.

One of the ways it shows up is this. She'll go into – this could also be a nursery nurse. She goes into the room of a new mother postpartum. She has a bottle of formula in one hand and the baby in the other and the baby is crying and she says to the mother, "So, are you going to nurse?" Doesn't offer any support to help her nurse her baby. She's got the solution she wants in her right hand, the bottle of formula because then she can fill out the chart and she can say the baby took four ounces.

If the baby is breastfed, there is a bonding and a relationship that has to be established between the mother and the baby and this is an art and it needs to be taught. The women who breastfeed the most successfully are those who have a mother or grandmother who breastfed successfully. The whole family did it and so, you've got a lot of knowledge in the family about how this is done, but if you don't have that and you're relying on the hospital staff, I am here to tell you that

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obstetricians still don't ever take a course in breastfeeding. Many, many, many people in the hospital do not support a woman in labor.

Now, sometimes it's birth trauma when they're actually just not too nice. These people are impatient and sometimes it's simply that the hospital routine of getting the patient in, getting the patient out, getting the bed turned over becomes more important than the experience of the person having the baby.

Many, many, many times that's the case is getting the chart treated, writing stuff down in the chart. It's a systemic problem and sometimes it's not the individual. Though, I have to say, as individuals wake up to this, they often change careers. It's difficult to stay in that situation for years and years and years once you are conscious.

So, therefore, when I counsel med students or young health care professionals, I say, "Choose one patient a day with whom you can be Mother Theresa or Saint Francis of Assisi," because you'll get burnt out if you see the enormous need, the enormous unmet mothering needs of all these people. So, choose one and that's why we really cannot, as women, we cannot afford to rely on the hospital staff to do this for us. You have to line up your help beforehand and you've got to get your body out of there as soon as possible.

Sheila Kamara Hay: Dr. Northrup, Heather Jordan from Peru is asking, "What suggestions do you have for those of us who work in hospital systems for changing the culture of birth?"

Christiane Northrup: Notice I just took this enormous deep breath. I tried for 20 years to change the culture of birth in my hospital. I brought in outside speakers. I had experts from Uruguay come and teach us about ancient birthing methods and these statuettes, these ancient statuettes that show the husband holding up the mother while she squats down. I pointed out to everyone the fact that membranes don't rupture usually until a woman starts to push. They're like nature's own packaging material. I gave grand rounds on mother/infant bonding.

So, what I can tell you is this. The culture of labor and delivery will not be changed from inside labor and delivery usually, unless you really want to dedicate yourself to it and you have to do it without any anger at all. It has to be done pleurably. It has to be done with joy and with cheekiness and with silliness otherwise it will grind you into the ground like death.

So, therefore, expect nothing and see what you can accomplish. We have some great things happening in hospital systems. The plane tree model of creating hospitals that are healing environments is a wonderful model. So, log onto planetree.org. I think it's called that. You'll be able to Google it. Absolutely

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wonderful work and also the mother friendly child birth initiative. Check that out because this group is doing something that I love which is it's rating hospitals from the outside.

We do live in a time where our biggest and I don't want to use the word arsenal because that's the old war mongering language, but the tool that we have that's amazing now is social networking. So, imagine what you can do when someone does it right in the hospital. There's the Stoneybrook Midwives and the Stoneybrook Medical Center out on Long Island do an amazing job.

So, whenever someone is doing it right, catch them doing it right and be very patient with the women who are really don't want to know this stuff and expect that they won't want to know this stuff and my dad used to say in his dental practice, "Some people you just have to leave to Jesus."

In the 12 step program this woman once said, "You've got to learn to leave them where Jesus flung them." That would be about the drunk out on the front lawn who the woman tries to bring in every night, so that he won't look bad to the neighbors. Just leave him where Jesus flung him.

So, it's a paradox. You have to wake up and do it with joy and then the minute that you feel that you're getting burned out and that there's no hope, make sure you have some other activity that brings you joy, so that you can just go and detox or leave.

One of the things that's most fascinating to me is that labor and delivery nurses who get burnt out frequently become hospice volunteers because the bridge across the river goes both ways and the only thing that's different is that in birth a different group is there to welcome us, but I find it fascinating that dedicated labor and birth nurses are drawn to the transitions in life, either coming or going and both, by the way, both birth and death are accompanied I believe by a huge burst of nitric oxide which is probably the white light that we see during these times.

Sheila Kamara Hay: We are getting a lot of questions about husbands. I'm going to read you two of them.

Christiane Northrup: Good.

Sheila Kamara Hay: Linda from Texas says, "I'm not pregnant yet, but already afraid of coming up against my husband who is a doctor, emergency medicine, and who in the past has argued against my going with my gut regarding all things medical and in favor of science. I can't imagine that he will allow me to do a home birth or even eliminate some elements that are considered common practice in hospitals.

Any thoughts on how to get around my very smart, very western husband who should also have some say in this birth as the father of the child?"

I'm also going to read for you Nichole from Seattle who adds, "So, for those of us who have had our sex lives invigorated by our ecstatic births, any ideas on how to deal with the fact that this freaks out our husbands?"

So, in a nutshell, how do we deal with the guys?

Christiane Northrup: This is where you just have to become over flirtatious. Over flirtatious is the first line; however, the second line is to stand in your power. I too was married to an orthopedic surgeon during my two births and one of the first things I told him is that if I had a son, I would lie over his body before he ever got circumcised. I had done hundreds of circumcisions by then and I knew that this was a – it's sexual abuse. It's mutilation of a little boy and if you're going to do a bris and you're Jewish and, by the way, many Jewish people have rethought this including looked back at the Talmud. I know that I'm really treading on thin ice here except that I happen to know these Jewish people who've done the research.

In that case, you want to use emla. You want to use lidocaine ointment to make sure that the boy doesn't feel anything and then just do the least little amount. You can do like a little symbolic cut. Hello. Welcome to the tribe of Abraham. We're done. The Rabbi can do his thing. You're done.

Anyhow, with my husband, there were just some things that I was not going to do. I had the advantage of being an obstetrician and I wish I had stayed home, but I couldn't stay home as an obstetrician at the hospital in which I was giving birth because that was a line that I just knew my reputation would have been ruined and I couldn't do it.

Though my friend, Gladys McGary, a doctor, delivered her daughter at home, also a doctor, and they told everyone in the hospital she just labored so quickly that there's nothing we could have done which was a lie, but it worked out.

So, what I would do is hire a doula, stay home as long as you possibly can, have a midwife deliver your baby and with your husband just say, "I need you to love me. I just need you to love me. This is what I would like, honey," and if he needs to have his left brain fed, you might show him the medical literature on the doubling of the maternal mortality rate in the United States. The number of premature babies from inductions that shouldn't have happened and the stuff that happens.

If you simply read *Women's Bodies, Women's Wisdom*, I have cited the medical literature in there. I told my own experiences, but believe me, it's backed up with

peer reviewed literature from the OBGYN journals. So, it's all there and if he's a scientist and he thinks like a scientist – science being the search for truth – then you should have no trouble asking to have a doula, asking to have delayed cord clamping and auscultation of the fetal heartbeat intermittent instead of a fetal monitor.

It's so easy and these things are completely standard and Margaret Christenson who is down in Austin, Texas or Houston just wrote a book called *Birthing a Better Way*. Also a board certified OBGYN. So, there are many OBGYNs who will go along with this, believe me, many. So, you just have to have an obstetrician or a midwife that your husband gets along with and I think that will work and yes, for a woman to be fully in her power scares a man, but you have the power through your power, through your Shakti to make him a hero.

Just tell him how much his support means to you, how thrilled you are that he's there for you and helping go out and earn the money, but it's interesting to me that it is primarily men who are afraid and want all these interventions and that is because we have a patriarchal medical system still. The rule of the fathers.

Sheila Kamara Hay: What about the fathers that are freaked out by the idea of being sensual or sexual in birth or labor or pregnancy?

Christiane Northrup: Well, what you do there is you just have them rub your feet, rub your low back, your shoulders and say, "Thank you. That feels so good or do you think you could just kiss me here. Thank you so much." Just little by little by little. Maybe show him the data on oxytocin and just say, "Semen is loaded with prostaglandin and I'd like to speed up this labor, so could we make love." You will never hurt the baby, by the way, with sex in a normal pregnancy.

Now, if you have an abruptio placenta or placenta previa, fine, but there are many signs about that. You're going to know that.

Sheila Kamara Hay: I think we have time for just one more question. I have a question from Rachel Ginsburg in Pennsylvania. How can a woman counteract the predominant dangerous medicated birth culture while pregnant to emotionally guard against other people's fears, especially for women who home birth and free birth?

Christiane Northrup: Now, here's where the law of attraction, the number one law that runs the universe works in your favor. So, remember this. What we push up against gets bigger. So, don't spend any time pushing up against it. Associate with free birth and home birth people. Talk to people who have had positive experiences and when someone comes up and they start in with the war stories, you say, "I can't hear this. This is dangerous to my health and I'm going to have to leave this conversation."

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Now, I'm very clear that the people who are most adept to push your buttons are not random strangers. They're family members. They're your sister. They're your aunt. They're your mother. They're your grandmother. I know that, but what we're doing here is we're lifting the vibration and that means walking across fire. I know. I've been doing this for years and years and years, but I will tell you that goodness and pleasure and lightness always wins. It always wins.

So, don't go for perfection. Just go for moving the legacy ahead from what it used to be, from what it was for your mother. So, when I talked to my mother about her birth, she was strapped down and left alone. Not even given twilight sleep. They put her out with gas at the actual moment of birth and three days later when she woke up, handed her a baby. She never had a chance, but she did breastfeed us.

So, then I labored and had a dysfunctional labor and needed pitocin and on the next baby things were fine. It was a five hour labor and I would bet my daughters actually have a chance for orgasmic births now because I did my own process and did it differently from my mother, but it still wasn't perfect. There is no perfect birth.

There's a wonderful line from Annie Dillard's *Pilgrim at Tinker Creek* where she talks about in all of nature there are always imperfections, in every leaf, in every petal. So, you don't need to worry about perfection. Just try to get the legacy a little further along.

The very fact that you're listening to this call means you've already done it.

Sheila Kamara Hay: Amazing. Perfect. Thank you so much, Dr. Northrup. We have had people raving on the chat line. They want to clone you and take you home with them. I have Jennifer from Texas saying, "Thank you, Dr. Northrup, for your ever inspiring love and stand for women's power and sensuality. It's such a pleasure to hear your intelligent and warm voice spelling it out like it really is."

Christiane Northrup: Wonderful. I love that this community that you've created this community. That alone – now that you have these boards and this Yahoo group, you can go on and get support from each other and that's how it all happens. I call it a placenta of power.

Sheila Kamara Hay: Love that. Placenta of power. That's going on the Facebook page.

Christiane Northrup: Oh good.

Sheila Kamara Hay: I also have Kathleen from Tennessee saying, "Thank you for coming back to the place of the wounding to heal the trauma." She's quoting you. "The

discussion about our upper limits and the big takeaway is the legacy that we pass on. It's our choice, our responsibility, our pleasure to do this work."

Christiane Northrup: Yes. Wonderful.

Sheila Kamara Hay: So, thank you so much, Christiane. Your presence tonight was a gift to all of us.

Christiane Northrup: Thank you. Thank you and really I'm like a proud mother of you, Sheila, for doing this and for all of you listening, I met Sheila at Momma Gina's and she'd had that traumatic birth and we talked about what was possible in birth and she actually went out and did it and then she called me with this idea of her life work being to teach other women how to do it and I knew that she was the person to do it and by goodness, she's done it. So, this is her fourth baby. This work that is now taking it out to the world and reseeding the community and that's what we women have the ability to do for each other and then the men are uplifted as well.

They're scared at first, but then they become our biggest heroes, but that's your job is to understand that all they want to do is serve you and please you. I never would have believed that, but I saw it proved over and over and over again at Momma Gina's and I've since seen it in my own life. It's a revelation.

So, the men will serve you when you stand in your power as the goddess that you are.

Sheila Kamara Hay: That's beautiful. Thank you so much, Christiane, for inspiring everyone tonight and we have just a few moments left and I want to extend mega, mega appreciation to Kathleen Thomas and Megumi Oliver. Kathleen has been holding the space for all of you tonight to make it through the call in process as seamlessly and effortlessly as possible and Megumi has been your hostess tonight in the group chat room and has managed all the technical fun related to that task.

The two of them have made it possible for us to be here. Thank you both so much and a few logistical details that I'd like to share before we get off the call. When we get off the line, this call will be available on the playback number that you received. It should take maybe two to three hours for that to become live on the playback number and then you can access it until the next call, at which point that call will replace on the call in number.

You will also get some information from us in the next couple of days about how to access the recording online. That you'll have access to until one month after the course ends, which is January 15th and I got some messages from people today saying that the emails that I was sending with all this information is ending up in spam, so I'm urging you all to please check your inboxes. You should have

received several emails from ecstatic birth in addition to the one with your call in info. So, if you didn't receive them, please check your spam and make sure you white list our email addresses.

In the next few days, you're going to be receiving invitations to the Yahoo groups. Definitely take advantage of them. As Dr. Northrup mentioned, you can all support each other through this process and discuss this material and network. You're all amazing and stunning. Really take the time to enjoy each other and that's it.

Our next session is next Wednesday, October 27th and Sheri Winston will be on the line. She is fabulous. Revolutionary midwife turned sexual educator and she'll be discussing the ecstatic journeys of birth and sex, the connections between the altered states of consciousness of labor and birth and sexual arousal and orgasm. It's going to be amazing.

So, thank you all for joining us tonight. I'm going to unmute you, so Dr. Northrup has the pleasure of hearing all of your voices signing off this evening.