Chapter 1: Introduction (p. 1-7)
Description of the filming of a natural birth by the CBC showing the power of natural birth and the affect of watching the process on the observers.

Chapter 2: The theory of natural childbirth (p. 8-15)
1. Growing up on a farm (p. 8)
   1. Dr. Bradley questions why animals appear to be able to have peaceful and joyful births, but people cannot.

2. Animal birthing (p. 9)
   1. Animals show now evidence of pain or suffering during birth, but rather joy and happiness. This was the impetus for Dr. Bradley’s method.

3. Animal vs. human (p. 9-10)
   1. Dr. B compares humans to other perspiring mammals, this is an important distinction because those who do not perspire breathe and act differently. Humans are more similar to other perspiring mammals.
   2. Animals have built in instincts that help them act appropriately during birth, something that humans have limited access to.

4. Changing from home births to hospital deliveries (p. 10)
   1. “In the 1940s, women were changing from home to hospital where they gave birth alone and thus birth became a mystery to the next generation. That is why we need childbirth classes today. This way families can learn what they missed.” (p. 10)

5. Instinct vs evolution knowledge (p. 10-11)
   1. Discussion of loss of instincts in humans (birthing, swimming, “homing”)
   2. We must make a more deliberate effort to learn how to do somethings that are instincts for others.
   3. Last paragraph on page 11 is good. If you told a person in 9 months they would be thrown in to the middle of a lake, what would she do? Worry every day about not being able to swim? Or, go out and take swimming lessons?

6. Importance of natural-childbirth training (p. 11)
   1. “Natural-childbirth training displaces ignorance, superstition, fear, anxiety, and the resultant bodily tensions that are such obstacles in labor and in swimming.”

7. Natural vs medicated (p. 11-13)
   1. No drug, including the drugs in epidurals, have been proven safe for an unborn baby
   2. We are told not to take any drugs for the 9 months of pregnancy, but then at the end they slam us full of them?
   3. A journalist asked natural and medicated mothers what they thought of their births. The medicated mothers told horrific stories of being in pain and having terrible experiences. (p. 12)
   4. The natural mothers all felt it was a wonderful experience and felt empowered.
   5. “One woman who had experience both ways described it as the difference between being raped by a stranger and being loved by your
husband. Some of the mothers used the term “birth climax,” subjectively comparing the feeling of birth with the emotional/physical climax in lovemaking” (p. 13)

8. Anesthesia (p. 13)
   1. Anesthesia, epidurals, spinals are all a “cocktail” of drugs including narcotics like lidocaine, morphine, fentanyl, etc.
   2. The drug is found in the baby’s blood in less than three minutes after giving it to the mother.
   3. These drugs are highly regulated by the FDA because of their addictive and mind altering properties

9. Drugs affect the ability to breastfeed (p. 14)
   1. Drugs given to women to keep them from throwing up may also dry the sections in the breasts making breastfeeding harder, or even impossible.

10. Dr. Bradley’s success history (p. 14-15)
    1. 46 year practice
    2. 23,000 births
    3. “Women can take joy and pleasure from the privilege of being women and bless God for being able o give birth, instead of showing snarling hostility toward the men who love them, because men don’t have to have children.” (p. 15)

Chapter 3: “It’s not nice to fool mother nature” (p. 16)

1. Perspiring mammals (p. 16)
   1. Distinguishes this method from others in 2 ways:
      1. Dr. B compares humans to perspiring mammals who don’t pant (other methods using panting for breathing which can cause hyperventilation)
      2. Dr. B includes the husband (or partner) in the birth as the coach.

2. Importance of active support by the husband (p. 17)
   1. “Because of his love relationship with his wife, he is far more capable of achieving cooperation and helping her self-control than any attending doctor.” (p. 17)
   2. Partners are usually invested in the birth and want to see their babies be born.
   3. Doulas - if no partner is available: mothers who have Doulas have shorter labors and are likely to receive less medication (Dr. marshall Klaus).

3. Overwhelming success rate (p. 17-18)
   1. 96% unmedicated births
   2. If you are a single mom find someone who will be vested in the outcome of your birth and support you by coaching you whether it is a relative or doula.

4. Natural as in nature (p. 18)
   1. “The term ‘natural’ implies the way it is done in nature, and anything that deviates from this cannot truly be called natural.” (p. 18)
   2. Distraction from uterine activity is not the same as acceptance a giving in to the birth process.
3. The goal here is NO medication, not less medication.

5. Have it your way birthing (p. 18-19)
   1. Trend of doing whatever you want with labor, but trying to beat the pain does not result in faster births.

6. The natural process works (p. 19)
   1. “The purpose in all this is to have a baby, not seek comfort” (p. 19)
   2. Bradley method teaches you to accept the strength of contractions as a good sign and the nearing of birth, not something to be feared.
   3. Introduces the problems that will occur if you try and “fool mother nature”

7. Wham 1: the ill effects of drugs and medication on the baby! (p. 20)
   1. A little medication could hurt
   2. Drugs are not safe for delivery (p. 20-22)
      1. No drugs have been proven safe
      2. What can you do to prevent the need for drugs, or what are alternate things you can do instead of taking drugs either during pregnancy or birth?
   3. Social drugs:
      - Alcohol - can cause fetal alcohol syndrome;
      - Smoking - first and second hand smoke are dangerous for babies, cause baby’s heart to stop beating, can see effects on placenta;
      - Water - watch for water with chlorine or magnesium sulfate, drink bottled or boiled if you are unsure;
      - Foods - don’t eat highly processed or chemical laden food;
      - Caffeine - the baby’s BBB isn’t strong enough to minimize the effect of caffeine;
      - Other items - artificial dyes, MSG nitrates, sugar artificial sweeteners, etc (list p. 22)

3. Fathers-to-be...avoid drugs as well (p. 22)
   1. Don’t take drugs for up to 2 years prior to conception and avoid drugs that will affect mom and baby.
   2. AAHCC strives for 90% unmedicated births, currently at 87.7%

4. Drug danger in early pregnancy highest! (p. 23)
   1. Greatest risk to baby is early in pregnancy

5. Placenta not a barrier (p. 23-24)
   1. Placenta does not protect baby from mom’s system, everything the mother takes in goes directly to the baby

6. Selective on-way valve (p. 24)
   1. Placenta can actually concentrate drugs to the baby’s system

7. Blood-brain barrier (BBB) (p. 24)
   1. Immature in the fetus and baby after birth.

8. Canned tuna fish (p. 24)
   1. High in mercury

9. “Drugs” era (p. 25)
   1. Drugs are bad

10. “Local”...Not just localized (p. 25-26)
    1. No anesthesia is local, all must travel through the body before taking effect
11. All drugs can cross the placenta (p. 26)
12. Effects (p. 26-27)
   1. immediate slowing and irregularity of the fetal heartbeat
   2. decreased newborn sucking behavior
   3. increased jaundice
   4. reduced uterine efficiency
   5. drop in mom’s blood pressure
   6. rise of risk for adult drug addiction
   7. increased incidence of teenage suicide (for baby later in life)
   8. prolonged labor, increased need for augmentation
   9. need for forceps or vacuum extractors
  10. increased need for c-sections
  11. diminished muscle strength and tone for the 1st day or 2nd of life (baby)
  12. problems with breathing and temp
13. more at www.aimsusa.org

13. Medicated vs. unmedicated moms (p. 27)
   1. Can tell difference
   2. Natural babies: pink, alert, anxious to nurse, scooting, responsive, cough, sneeze, mothers know they are out.

14. Drugged babies are different (p. 27-28)
   1. dusky blue, unresponsive, not interested in nursing, listless, need to be aspirated, can’t cough, or scoot

15. Immediate effects of drugs (p. 28-30)
   1. What is observed is just the beginning
   2. could lead to many more difficulties in older children and adults (p. 29)
   3. Plenty of money donated to handicapped children once they are out, little donated to find out why they are handicapped and what about pregnancy and birth can be related.

16. Research (p. 30-31)
   1. Research supports natural methods and is continually discouraging the use of medication
   2. Sometimes drugs and medications need to be used as lifesavers for moms (only 6% in Dr. B’s practice)

8. Wham 2: Interference with successful breastfeeding due to initial separation of mother and baby. (p. 31-33)
   1. If mom is unmedicated she can hold and handle and breastfeed immediately after the baby is born, mediated moms cannot.
   2. Medicated babies and moms have to be separated until the mom is ready to handle them. (at least a couple hours)
   3. Keeping newborns warm...naturally! (p. 32-33)
      1. a normal term, natural-childbirth baby gets all the warmth it needs from skin-to-skin contact with the mother.
      2. Place baby skin-to-skin and cover both mom and baby with blanket
9. Wham 3: Interference with successful breastfeeding due to poor sucking reflex (p. 33)
   1. “The human baby if un-medicated will scoot to the breast and latch on and start nursing when it is ready to” (p. 33)
   2. Medicated babies have dry mouth, poorer muscle control, lack of sucking reflex which affects their ability to breastfeed.
10. Wham 4: Effect on the baby of being separated from mom
   1. “Kangaroo care” - better for baby to be with mom where it can be held, loved and nursed. Even with sick babies in the NICU this bonding is important
   2. “It is interesting to note that anthropologists say that the human gestation period would be eighteen months if our babies were at the same development as other mammals, The reason humans are born at nine months is the size of the brain. Much after that they would be too big to come out. They suggest marsupial mothering like we see in kangaroos for the first nine months outside the womb” (p. 35)
3. Drugged moms need to wait to care for their new baby (p. 35-36)
   1. If you had drugs you must be separated initially, but rooming in afterwards can help to ward off some of the effects of the separation
   2. Should stay at hospital for at least 2 hours to monitor the contracting of the uterus and get a good start to breastfeeding
4. “Room-in” with mom (p. 36)
   1. If your pediatrician will allow, try and go home early so you can “room-in” at home.
11. Wham 5: Effect on the mother whose baby is separated from her in the nursery (p. 36-38)
   1. In the wild, animals separated from their babies often reject the baby or kill it (thankfully we have higher functioning brains so we don’t do that!)
   2. But, often the mother will not feel the same connection after separation that a woman who immediately holds her baby will feel.
3. Bonding is essential (no separation of baby and mom) (p. 37)
   1. Separation can cause the mother to feel less motherly
   2. Mothers who were with their babies were more responsive to their infants’ needs, more reluctant to leave them in the care of another, and more attentive during the doctor’s examination of the child
12. Wham 6: Prolongation of labor (p. 38-39)
   1. Drs. are like lifeguards - there when something goes wrong, but stay out of the way when things go right.
   2. Fear created from the unknown, causing tension, leading to pain (p. 38)
      1. Untrained, unprepared mothers tend to be tense and frightened, which interferes with progress in labor
      2. Incorrectly trained mothers can over breathe and hyperventilate.
      3. Drugs prolong labor
3. Without drugs, and with preparedness, nature is efficient (p. 38)
1. relaxing during contractions is essential to helping move along labor

4. Not in a hurry, let nature take its course! (p. 39)
   1. “We repeatedly tell patients we are not in a hurry; there are no trains to catch and we don’t care when the baby comes, only how! A doctor who is in a hurry does not belong in the field of obstetrics” (p. 39)
   2. Husbands, encourage mothers-to-be to relax, follow the help in the book (or class) and be patient

13. Wham 7: Maternal risks
   2. “moms who choose elective cesarean ‘...have a threefold higher risk of mortality than those who choose vaginal delivery.’” (p. 39)

3. Natural childbirth...best for birthing (p. 39-40)
   1. shortest, happiest, cheapest and safest way to have a baby
   2. “covering forty-six years and over twenty-three thousand babies is a zero maternal mortality rate. This is in spite of the fact that we had a high concentration of high-risk patients - kyphotic dwarfs, pneumonectomy patients, cardiac surgery patients, diabetic patients, and even the Jehovah’s Witnesses who came to us in droves” (p. 40)

4. Heart patient story (p. 40-41)
   1. woman with severe heart condition has three babies naturally before she dies

14. Wham 8: Unjoyfulness - “Babies make me sick!” (p. 41)
   1. Having a baby naturally is a joyful event, not to be associated with screams and terror

2. Childbirth for the joy of it (p. 41-42)
   1. Video showing the moment of birth of several couples

3. Importance of fathers (p. 42)
   1. “Fathers contribute a sense of humor as well as peace and confidence to the atmosphere of a birth room, which is so very different from the delivery-room scenes of yesterday’s obstetrics.
   2. To achieve a natural birth you must both know what you are doing and what to expect when the time comes and work together.

Chapter 4: Where do fathers fit in? (p. 43-54)
   1. 1947 - first ever doctor to advocate the continual presence of fathers at labor and birth
   2. American Academy of Husband-coached Childbirth (p. 43)
      1. Established by Marjie and Jay Hathaway to train teachers in the Bradley Method
   3. Integral part (p. 44-45)
      1. Men are an integral part of making baby so they should be part of having baby
2. Original research on natural birth was on OW women in a confinement home, no husbands. Husbands were traditionally never considered in the labor and birth process.

4. Husbands (p. 45)
   1. Dr. B begins his investigation into husband-coached childbirth by asking for volunteers from married pregnant nurses.

5. Volunteers (p. 45-46)
   1. Chose nurses because they “know too much” and are haunted by what they have seen in the hospital.
   2. Felt a sense of accomplishment when he could take a fearful anxious woman and change her into a peaceful birther.

6. Married R.N.S (p. 46-47)
   1. Nurses volunteered because they had seen the differences in the babies in the maternity wards.
   2. Dr. B. allowed the husbands into the labor room, but they still sat on the sidelines and were not permitted into the delivery room.

7. Non-trained husbands (p. 47-50)
   1. Dr. B began to notice a difference in the patients when their husbands were in the room, even though they were not actively involved in the labor.
   2. He realized the importance of fathers in the experience, when one of his patients hugged and kissed him after the birth because she was so excited she had been able to birth naturally.
   3. This showed him that fathers were an important part of the birth process and should be the recipients of such affection and emotion.
   4. He faced a lot of opposition at the time because fathers were not “meant” to be involved.
   5. The father has added humor and joy and has become an important part of the team.

8. For love... (p. 50)
   1. Some fathers have had to fight so hard to stay in the labor room with their wives, one even chained himself to his wife’s bed and declared it was his right to be there with her.

9. Chains and injunctions (p. 50-51)
   1. Husbands were separate from their wives during the era of “knock out drag ‘em out”. What father would want to see this?
   2. In an unmedicated birth husbands play a vital role.

10. “Obedience” childbirth classes (p. 51)
    1. Many child-birth classes just teach how to follow the hospital rules, not how a baby should be born.

11. Difficult for fathers, unless... (p. 52)
    1. Fathers will have a difficult time being in labor with their wives, unless:
       1. “The wife has been trained how to perform in labor and has physically prepared her birth-giving muscles.
       2. “The father has been prepared so that he understands how, why, and what his wife is doing, enabling him to coach, guide and encourage her in a woman’s ennobling work.”
2. Inadequately trained coaches (p. 52)
   1. A coach who is not well-trained cannot help his wife.
   2. The couple should have practiced labor scenarios over and over at home.

3. “Husband” (p. 52-54)
   1. “husband or husbandry is the act of involvement in such a capacity as to facilitate tremendous bonding and support”
   2. You do not need to be the biological father or a man to fill this role, just a person who loves the woman and is invested in the birth.
   3. “A ‘husband’ is one who is dedicated and supportive of this woman, willing and anxious to serve and defend her like no one else can, in labor, birth, child rearing, and life”
   4. Whose job is it? - list of questions that show what role the support person fills.


Every woman should have a coach, whether it is the husband, a family member or a doula.

1. First Sign - restlessness and return to her nest (p. 56)
   1. Often referred to as “nesting”, getting herself and her environment ready for the birth.

2. Do not like to be observed (p. 56)
   1. Laboring mothers do not like to be watched - they should not be distracted or disturbed; they need deep concentration.
   2. Disrupted concentration results in pain and prolongation of labor.

3. Rhesus monkeys (p. 57)
   1. Mothers and babies can never be separated immediately because the mother always gives birth in the dark in the middle of the night.
   2. The mother’s labor would completely stop if disturbed.

4. Needs in labor
   1. The need for darkness and solitude
   2. The need for quiet
   3. The need for physical comfort during first-stage labor
   4. The need for physical relaxation
   5. The need for controlled breathing
   6. The need for closed eyes and appearance of sleep

5. What should human mothers do?
   1. Mother’s checklist (Active first-stage labor)
      1. Do not move - during a contraction
      2. Abdominal breathing
      3. Relaxation
      4. That “duh” look - relaxing jaw to relax rest of body
   2. Having a dark, comfortable environment as close to home as possible (if not at home) is important.
   3. Only 6.6% of Dr. Bradley’s patients need any type of intervention. 3% of these needed c-sections, the other 3.6% need some other kind of help.
4. Hospital environments need to be as close to home environments as possible.

6. Home environment (p. 64)
   1. Most important factor is inclusion of husband
   2. Bradley method educator can recommend doctors or hospitals that encourage natural birth.
   3. Get a tour and know what the environment will be like

7. Husband and wife should not be separated (p. 64-65)
   1. Ask for copies of paper work to fill out in advance so you don't have to be separated when you get to the hospital.

8. Changing clothes (p. 65)
   1. You may have to put on scrubs or a hospital gown, wear it with pride!

9. Map of labor (p. 65)
   1. Page 66 - compare to climbing a mountain.
   2. In putsy-putsy phase, the woman does not need to be confined to bed, she only needs to relax during contractions

10. Relaxation (p. 66)
    1. Beginnings of first stage labor, wife should be generally talkative between contractions, can move around.
    2. There are occasional moments when she will need to concentrate on relaxation and getting through contractions, and then she will return to normal behavior.
    3. As labor progresses, the erst times become shorter and she will require more concentration and coaching to get through labor.

11. Labor needs the coach can help with (p. 67-68)
    1. Pick a hospital where family-centered principles are practiced
    2. Make careful observations during the last few weeks of pregnancy of how your wife sleeps so you know what position is relaxing for her.

12. Observe her sleeping (p. 68)
    1. No woman lies on her back while sleeping

13. Ask for it... (p. 69)
    1. If you need something, anything, ask for it.
    2. Keep mommy busy during first-stage labor.
    3. Help change position

14. Additional position (p. 70)
    1. Adjust hospital bed so both back and legs are raised in a lounge chair position, pillows should be placed under her arms for support so she can relax completely, legs sprawled apart.
    2. All muscles and joints should be completely relaxed at “half-way station” neither straight nor bended
    3. There is nothing too small that can be fixed that could affect the ability to relax.

15. Lying on your baby (p. 71-72)
    1. A mother should lean on her baby, never the reverse.
    2. Never place a laboring mother on her back.
3. The bag of waters helps to equalize the pressure so you will not squish your baby.

16. Need Four (p. 73)
   1. A woman needs to practice and learn to physically relax all uninvolved muscles during labor

17. Practice is important (p. 74-75)
   1. Do you think every woman in the absence of abnormalities can learn to swim?
   2. Practicing relaxation techniques and pain management is important to being able to perform correctly
   3. Every woman, barring physical abnormality, can be taught to birth naturally.

18. “Letting go” (p. 76)
   1. Deliberately relax all of the muscles in your body one by one, starting at the top and working your way down
   2. It is helpful to call attention to the group of muscles you are trying to relax either through touching the area gently (dads this is where you come in) or through naming the area
   3. Relax for short intervals, like during a contraction
   4. Massage the lower part of the back, this is where the uterus is supported by the body.

19. Mind to body (p. 77-79)
   1. The relationship between mind and body is strong and important to consider, you cannot think about nothing, so it is important to concentrate the mind on pleasant thoughts.
   2. Help her recall happy and pleasant times...go to that “happy place”
   3. This is also where encouragement is key

20. Husband is best as labor coach (p. 79-80)
   1. Having someone she completely trusts will help with relaxation, the presences of others could cause tension

21. Coach sets the mood for labor (p. 80)
   1. Coach is responsible for controlling who goes in and out, preparing for what will be present at the hospital

22. Need Five (p. 81)
   1. Relaxed breathing

23. Deep-sleep Breathing (p. 81)
   1. Breathe in the same fashion that you do when you are sleeping deeply.

24. Abdominal breathing (p. 82)
   1. Breathe from your abdomen and diaphragm, not your chest.

25. Contour-chair position (p. 83)
   1. This position is the most effective for good abdominal breathing

26. Need Six (p. 83)
   1. Closed eyes during first-stage labor: simulate sleep for ultimate relaxation during contractions

27. Physical contact (p. 84)
1. Does your wife want physical contact? Does it relax her or cause tension?

28. Efficient air exchange (p. 85)
   1. Goo athletes breathe through their mouths, this causes dry mouth so she should have plenty to drink

29. Laughter (p. 85)
   1. "Laughter is the one great distinguishing characteristic in natural-birth rooms"

30. Steepest part (p. 86)
   1. Late first stage and transition is the "steepest part" of the mountain and requires extra concentration.
   2. Support by talking softly, giving reassuring and loving thoughts and words, massage lower back.
   3. A lot of reassurance is needed at this point, no matter what she says, tell her she can do it!

31. One contraction at a time (p. 87)
   1. Women are vulnerable to suggestion at this time and need to be told how great they are doing and reminded that it will soon be over

32. Reassure her (p. 87)
   1. Your wife may feel she is ready to push, if this is her first child she should be checked first to avoid tearing if her cervix is not dilated enough, if this is not her first she probably knows.

Chapter 6: Second-stage Labor and Birth: Squatting and Pushing (p. 89-118)

1. You are now over the hump.
2. Send us pictures (p. 90)
3. Uterus and rectum comparison (p. 91)
   1. The act of emptying the uterus is the same as emptying the rectum
4. "Gotta go" urge (p. 91-92)
   1. This is the feeling of wanting to push, it feels like you have to poop
   2. Often women will poop while having their baby since the muscle movements are the same
5. Squatting (p. 92-94)
   1. This is the most efficient position for birthing: back curved, knees bent and back.
   2. Most people around the world squat to relieve themselves (they do not have hemorrhoids like we do)
   3. Children naturally squat and are taught not to, it is a natural position ("motherlike" if not "ladylike").
6. Contour-chair position (p. 94)
   1. Most comfortable during late first-stage and transition
   2. Easy to move into semi-squatting position by positioning the bed and pillows to help prop up the woman.
7. Hospital birthing options increase (p. 95)
   1. Babies today are born in labor/delivery rooms. Delivery table should be tilted with the head up and the foot downward.
2. Degree of tilt should be nearly to the point of letting the mother slide down, almost 45 degree
8. Drugs limit positions (p. 95)
   1. When anesthetics are used the bed position must be put feet up, head down, not conducive to birthing naturally
9. Delivery-room table (p. 95-96)
   1. This flat table can be difficult to use. The husband should help support and position the wife with pillows or his body
10. Second-stage performance needs (p. 96-98)
    1. Position: knees back elbows up and out, chin on chest.
11. Breath control (p. 98-100)
    1. Second-stage breathing is like a swimming race - hold breath during contractions and bearing down (like having a BM)
    2. Beginning of contraction: wife should take 2 deep breaths and let them out fully, then on the third she should hold the breath and push.
    3. Exhale that breath completely and then relax between contractions
    4. No panting or “heehee” breathing, this can cause hyperventilation. She will naturally want to hold her breath to push.
12. Pushing (p. 100-101)
    1. Push low into the bowels, just like having a BM.
    2. Kegel muscle - this muscle needs to be relaxed
13. Reduced bladder problems (101-102)
    1. Another benefit of natural birth
14. Go home two hours after giving birth (102-104)
    1. Women who give birth naturally and then breastfeed can go home soon after birth.
15. Effort, not pain, on her face (104)
    1. Don’t mistake the look of concentration of that of pain, during pushing your wife will be very concentrated.
16. Testing the principles (104)
    1. If you don’t believe they work, try the opposite.
17. Pressure lessens pain sensation (105-106)
    1. Pressure on human flesh makes that area devoid of pain (why we use tourniquets)
18. Your body automatically lets you know to breathe (106)
19. Crowning (107)
    1. Some call this the birth “climax”, others compare it to a ring of fire
20. Final Push (111)
    1. Now is time to enjoy the aftermath of the birth, congratulate your wife and look at your baby.
21. Skin to skin (111)
    1. Baby should be put directly on the skin of the mother and then both of them covered in a blanket, this will keep the baby plenty warm.
22. Considered a blessing (111)
    1. Don’t have the doctors announce the sex of the baby to you, look for yourself.
23. Baby to the breast immediately...skin to skin (112)
   1. Mother should let the baby make its way to the breast to start nursing

24. Fluid in the lungs (112)
   1. It is usually unnecessary to clear the baby’s lungs or get rid of mucus in a natural birth because they can do it themselves. They will cough and sneeze and clear themselves

25. Changes in the baby (113)
   1. A lot of things are going on with baby as s/he adjusts to the air breathing world.

26. Baby’s first time appearance (13)
   1. Skin is pinky-purple

27. Puffiness (113)
   1. Babies are extra puffy from extra fat deposits

28. Squint (114)
   1. Naturally squint after being in darkness for 9 months

29. Baby’s head (114)
   1. May be misshapen from journey - don’t worry it will fix itself!

30. Skin (114)
   1. Wet and have botches of vernix. Vernix can be rubbed right into baby instead of cleaned off, it is good for baby

31. Hair color (114)
   1. Baby may have different color or consistency of hair due to birthing fluids

32. Episiotomy (115)
   1. If your wife had an episiotomy (no longer considered necessary and not done routinely in Fairmont) or had a tear the doctor will inject Novocain and fix the tear now.

33. Breast-feeding or simply bonding (115)
   1. The first nursing is important for bonding and providing baby with colostrum which helps defend against infection and prepares the intestines

34. Third stage of labor (115-117)
   1. Pacing the placenta is called third stage
   2. Breast-feeding helps this process and helps the uterus contract

35. Walking back from the birth room (117)
   1. If you had to change rooms, you will be able to walk back after your natural birth

36. Enthusiastic parents (118)

Chapter 7: The coach’s training rules (119-146)
1. “Coaches do not function only during the game. They are essential in the physical preparation of the body during training long before the game” (p. 119)
2. Training an obstetrical athlete (119-12)
   1. Training and preparation are key to natural birth and you need to help support her.
3. Well nourished...every day (120)
   1. Make sure she eats right, massage sore muscles, build her confidence
4. In pairs for a reason (120)
1. “If you think the only task you have as a parent is to get your wife pregnant, you’re going to be like the farmer who thinks all there is to farming is planting seeds.” (p. 120)

5. Pregnancy and birth strengthen bonds (p. 121)
   1. Having a traumatic birth can cause her to hate you: help her have a great birth so she will love you!

6. Your partnership is for life... be there for every event (p. 121)

7. Physical conditioning (122)
   1. Physical conditioning helps prevent many issues normally associated with painful birth

8. Babies don’t ruin mothers (122)
   1. Mothers ruin themselves by not preparing for birth and taking care of themselves

9. Beautiful natural-childbirth mothers (122-123)

10. Prenatal exercises (123)
    1. Why are your wives exercises important and how can you help?

11. Three ways (123)
    1. Bradley natural-childbirth classes,
    2. Studying a text
    3. Or both

12. Bradley classes are very important (123-134)
    1. Exercises are easier to learn by watching and having someone show you how to do them (go to a gym anyone?)
    2. Your wife may know how to do many of the exercises, but you should know what they are and how to do them so you can help

13. An athletic event (124)
    1. Labor is aptly named and requires a lot of strength, endurance and effort

14. Nine months of prep time... not just twelve weeks for classes (124-125)
    1. You have nine months to prepare, that is plenty of time

15. Back, belly and bottom (125)
    1. These are the important muscle groups that should be exercised for childbirth

16. Basic pregnancy exercises (125-144)
    1. Tailor sitting
       1. Encourage wife to sit mostly on the floor cross-legged
       2. Chairs can cause more problems (like hemorrhoids)
       3. Women should sit with legs slightly apart

    2. Squatting
       1. Practice squatting by using it everyday
       2. Best way to pick up things off the floor while pregnant
       3. Remind her to squat
       4. Prepares muscles, opens birth canal during labor
       5. Muscles need to be retrained and will ache at first

    3. Pelvic rocking (cat/cow yoga)
       1. Strengthens abdominal muscles and lower back
       2. Allows uterus to comfortable fall forward
3. no need for a girdle
4. make all exercises routine by working them into your regular schedule (right before or after bed, in the car, etc.)

4. Sleep position
   1. best position is on side with one leg up (running man) rolled forward to let uterus and baby rest on bed. pillow under top leg for support.
   2. You cannot harm your baby in this position

5. Legs-apart (Butterfly) Exercise
   1. have mom try to open her legs in the butterfly position while you gently try and hold them together to strengthen leg muscles

6. Kegels
   1. strengthen vaginal muscle
   2. Reduce risk for bladder infections
   3. Important to do both before and after birth to bring muscle back to size

7. Practiced to be perfected
   1. Relaxation, although not really an exercise, needs to be practiced every day
   2. Do other exercises first (especially pelvic rock), then have mom lay on her side in a ball and practice relaxation
   3. Massage her lower back, give verbal or physical suggestions of where she should relax
   4. Physical relaxation includes touching, stroking, rubbing; mental relaxation involves what this mother is thinking about; emotional relaxation is harder, it is about your wife feeling safe and secure

Chapter 8: How to live with a pregnant wife (147-177)
1. The job of the partner is to not just plant the seed but to cultivate and nurture it, with constant reassurance and support
2. Changes (147)
3. Not a delicate condition (148)
   1. Your wife is not in a delicate position she doesn’t need to be treated as such
4. Falling down...not likely to hurt the baby (148)
5. Swimming (149)
   1. Swimming is an ideal exercise for pregnant women
6. “Painless childbirth” (149-150)
   1. Swimming also promotes techniques helpful in childbirth (think floating in water for relaxation and swimming for breath control)
7. Educated (150-151)
   1. More and more men and women are educated and need stimulating conversation
8. Listen and be there for her (151)
    1. Talk and listen to her about her day
9. Travel (151-152)
1. Get out and do things, it will be the last time it is just the two of you for a while
2. Be careful of traveling too close to the due date
10. Due dates (152)
   1. The average due date for a woman on her first pregnancy is 41 wks 1 day. Not 40 weeks
11. Baby feeds all the time (152-153)
   1. Mommy needs to eat regularly throughout the day to maintain her blood sugar
12. Baths (153)
   1. Baths are fine, keep heat at body temp
13. Bathwater does not enter vagina (153-154)
14. Sex (154)
   1. Sex is fine
15. Protected by the uterus and bag of waters (154-155)
   1. The baby is highly protected by both from physical damage
16. On top...not in later months (155)
   1. Woman should not be on her back in later months of pregnancy
17. Responsiveness varies during pregnancy (155)
   1. Some woman want more sex, some want less...if she doesn’t want it as often as she used to don’t take it personally
18. Uterine cramps or labor-like contractions (155-156)
   1. Woman could experience these after orgasm, they are beneficial not harmful
19. Sex may aid in labor (156)
   1. The bag of waters should be intact to have intercourse during labor
20. Other old wives’ tales (156)
   1. Get educated, if you hear something weird investigate it to find out if it is true

2. First Trimester (157-169)
   1. Pressure (157-157)
      1. During the first trimester the uterus sags deep into the abdomen and puts pressure on the bladder and muscles
   2. Round ligaments (157)
      1. These ligaments that surround that the uterus get pulled and cause cramps. If she has one, stop for a while and let the cramp pass or do pelvic rocking to help alleviate the pain.
   3. Constipation (157-158)
      1. Very common...get off feet more (tailor sitting) and do pelvic rocking, drink water and eat fruits and vegetables
   4. Swollen ankles an distension of veins (158)
      1. Doing exercise, getting of feet at home and drinking plenty of fluids can help combat these
   5. Circulation changes (158)
      1. 1/3 more blood circulating through body
      2. Makes veins more noticeable
6. Increased secretions (158)
   1. May have more congestion or output from thyroid glad
7. Heavy sensation in her chest (159)
   1. She could have heart palpitations which will give her a heavy feeling and make her panic. Reassure her that she is alright
8. Her hormones and from placenta (159)
   1. Extra hormones from her and the baby will make her more high-strung and jumpy so be careful with the practical jokes
9. Highs and Lows (159)
   1. She will have many emotional highs and lows an go from crying to happy very quickly. comfort and reassure her, you don’t necessarily have to figure out what is wrong
10. Laugh with... (160)
    1. Laugh with her but never at her, or she’ll bite your head off!
11. Puffiness (160)
    1. Increased circulation and water retention will cause her to look a little puffy, this could cause sensitive gums
12. Hair and skin care (160-161)
    1. Her hair may loose its luster, nails may peel or break easier (I actually found the opposite during my pregnancy)
13. Eyes (161)
    1. Puffiness may cause blurry vision or trouble focusing
14. Finger swelling (161)
    1. Fingers may swell and she may need to remove her rings
15. Skin (161)
    1. Massage skin daily, especially around the breasts and stomach
16. Breastfeeding (161-162)
    1. Successful breastfeeding depends upon learning how
17. Colostrum (162)
    1. Sticky yellow-white substance that is excreted from the nipples in the later months and during the first nursings
18. Skin flexibility (162)
    1. Good nutrition and massage will help the abdomen skin to become more flexible and prevent stretch marks
19. Soap (162)
    1. Soap will dry you out, so avoid putting it on areas you don’t want to be dry
20. Queasiness (163)
    1. This is related to low blood sugar so make sure your wife is eating regularly (This is why this happens most often in the morning after not eating)
21. Takes first... (163-166)
    1. Baby takes first and asks...never.
    2. Pregnancy commandment one: Thou shalt not let thy stomach go empty.
    3. Mom should nibble a little bit every hour or so on fresh fruit and veggies to maintain blood sugar levels
4. Lower blood pressure means don’t change positions suddenly and eat frequently
5. **Pregnancy commandment two**: Thou shalt not overload they pregnant stomach
6. This will help prevent heartburn.
7. sudden high elevations of blood sugar from a lot of food at once will cause a drop later
8. Eat leisurely
9. **Pregnancy commandment three**: Thou shalt not go to bed on an empty stomach - have a protein nightcap.
10. Having a snack before bed prevents “morning sickness”
11. Protein takes longer to convert to blood sugar and will keep you fuller longer.
12. You should also have snacks by the bed to nibble on when you wake up

22. Nutrition during pregnancy (166-169)
1. If your wife has cravings and weird hours, get up and get it for her.
2. Nutrition needs planning: make sure you plan meals, have plenty of healthy foods in the house
3. Salt: all women have water retention but need to consume an appropriate amount of salt and eat protein (salt food to taste)
4. Diuretics: do not use
5. Animal fats and oils: some fat is essential, but keep it to a moderate level
6. Milk: good source of protein and calcium
7. White flour in its various forms: limit white flour and switch to sheat
8. Sugar in its various forms: candies, pastries, etc should be avoided and limited; eat fruit instead
9. Honey: use honey as a substitute for sugar and sweetner

3. Second Trimester (169-172)
1. The second trimester is the best (169)
2. Acclimation period (getting used to) (169)
   1. Body has started to adjust to pregnancy, uterus has moved out of the abdomen relieving pressure
3. Belly button (169)
   1. starts to stick out as the uterus enlarges
4. Movement of baby (170)
   1. Anywhere from the 4th to the 5th month she may start to feel the baby move
5. Baby kick plus five months (170)
6. Baby hiccups (171)
   1. rhythmic movements from your baby are probably hiccups
7. Date night(s) (171)
   1. Date your wife at least once a week
8. Take the time (171)
   1. Take the time to go out and do things and enjoy each other

4. Third Trimester (172-177)
1. Homestretch! Woman will tire more easily, so go places but come home early, take plenty of breaks during housework, could start to feel Braxton hicks contractions

2. Warming up (172)
   1. Braxton Hicks contractions are the warm up contractions. Preparing the uterus for birth
   2. return of bladder pressure, rectal pressure, leg swelling, vein swelling, etc

3. Rest, prepare (173)
   1. she should be resting, getting off her feet and doing plenty of preparation exercises

4. Baby’s heartbeat (173)
   1. Husband’s can hear the baby's heart beat by putting ear against stomach

5. Boy or girl? (174)
   1. You can have lots of fun guessing if you will have a boy or girl.
   2. You could do this, but it is a lot of hassle to spoil the surprise!

6. Harder to breathe and heartburn (175)
   1. The pressure of the growing uterus will cause shortness of breath and heartburn

7. Drop or engage in pelvis (175)
   1. Somewhere along the line the baby will “drop” or engage in the pelvis as it prepares for birth. This doesn’t happen over night

8. Assorted sizes (175)
   1. babies come in all shapes and sizes and you can’t really tell from external tests or monitoring
   2. dropping can put pressure on sciatic nerve which can cause numbness and pain in her hip

9. Hot flashes (176)
   1. Increased blood volume, psychological factors, anxiety, malnutrition or vitamin depletion, etc...can cause these

10. Panicky feelings (176)
    1. She may panic about having the baby, not being able to go through with labor, etc. Constant reassurance is necessary

11. Nightmares (176-177)
    1. Pregnant women often have increased nightmares during the last trimester

12. Best time of your lives (177)
    1. Enjoy the journey!

Chapter 9: “Does my wife have to be 'cut' (have an episiotomy) (178-187)

Note: this practice is going away and is not routine at Fairmont hospitals

1. Sometimes it is necessary

2. Classic technique option (179)
   1. Use hot salt water and cloths as compresses to help loosen the skin

3. Hot saltwater compresses (179)
   1. alternate with applications of olive oil and manual massaging
   2. Natural birth training eliminates the need for many of these cuts

4. Humans differ by walking erect and wearing clothes (180)
5. Brittle and chapped skin (180)
   1. Wearing clothes and undergarments causes the vaginal skin to get brittle and chapped
6. moisture and mucus cause chafing and irritation (181)
7. Panties cause irritation (181)
   1. encourage her to not wear them when she can
8. Clean and cleansing (182)
   1. no need for soap just water and baths in essential oils
9. abstain from soap (182)
10. Episiotomies (182-183)
    1. When necessary these are done by cutting the skin between the vagina and the rectum
11. Pressure episiotomy...no anesthetic needed (183)
    1. no anesthetic is needed because there is plenty of pressure on the skin which devoid the area of pain
12. Twelve things our mothers do to help avoid an episiotomy (185-186)
    1. Good nutrition
    2. Squatting
    3. Air
    4. Kegel
    5. No soap
    6. Lotion and massage
    7. Talk to your doctor or midwife in advance
    8. Be patient
    9. Keep your elbows up and out and knees back
    10. Push with self-control
    11. Remind the doctor or midwife about your wishes at the birth
    12. Some babies come out fast on their own, others ease out.
13. Journal of the American Medical Association: “Evidence does not support maternal benefits traditionally ascribed to routine episiotomy. In fact, outcomes with episiotomy can be considered worse.”

Chapter 10: What will the baby come? (187-204)
1. “God only knows”
2. Premature babies (187-188)
   1. rate of premature babies keeps increasing while the infant mortality rate does not seem to improve (30% increase since 1981)
   2. There are very rare reasons for a premature birth
   3. Due dates are usually wrong and based off an inaccurate measure of when your wife’s last period was.
3. Regular periods (189)
   1. There is no such woman that has truly accurate periods
4. Gestation: 41 1/7 weeks...not 40 weeks! (189)
5. Can’t tell by feeling (189)
   1. You can’t tell a baby is “ready” just by feeling the belly
6. False labor, yet important! (190)
1. The more false labor she has the less real labor she will have. These contractions help prepare the body for birth.

7. Onset of labor still important even if having a cesarean (190)
   1. Even if you have physical abnormalities that mean you need a c-section you should still wait for the onset of labor which ensure that the baby is actually ready. This helps reduce the baby’s risk for health problems

8. Additional help (191)
   1. Get additional help for the first two weeks after the baby is born
   2. Do not let the help come until after the baby arrives so as not to put pressure on the mom

9. Other children in the family...read *Children at Birth* (192)
   1. Have the person watching your children come to your house, not the other way around.

10. Bell-shaped curve (193)
    1. If you plotted the arrival dates of babies on a graph it would form a bell-shaped curve
    2. Some babies come early, some come on time, and some come late

11. Months of pregnancy (194)
    1. In healthy, normal mothers with healthy, normal babies there is no such thing as over due

12. Inducing labor (194-195)
    1. Before having your baby induced think about the pros and cons
    2. One Bradley mother wen 3 months over due (*The record gestation is over a year!*)

13. Beyond her due date, don’t worry about it (195)
    1. Take your wife out and get her mind off of it. Enjoy the extra time

14. How to recognize real labor (195-196)
    1. It is rare to have a woman in real labor who doesn’t know she’s in real labor
    2. If you know it is real labor, get to the hospital

3. If you are unsure... (198)
   1. Have a snack
   2. have something to drink
   3. Take a warm shower or bath
   4. Take a nap

4. Each birth is different (198-200)
   1. No two births are alike even with the same mother
   2. Ask: Are the contractions getting closer together, are they getting stronger?
   3. Change your activity and see if the contractions persist or stop
   4. Even if the contractions stop at the hospital it is okay, better safe than sorry.

5. Bag of waters breaks (200-201)
   1. Call your doctor or midwife and go to the hospital
   2. This doesn’t always start labor
   3. You will be asked a series of questions about the water looks like
6. Knowing why helps you remember to do (201-202)
   1. If the umbilical cord may come down and out with the water, this is very rare and your doctor can monitor the baby
   2. She’s liable to start hard labor shortly

7. Appearance of blood (202)
   1. This does not have to happen to be true labor, but it may. Absence or presence may or may not indicate labor

8. Backache or lower abdominal cramps...unreliable sign (203)
   1. Backache or lower abdominal cramps are also an unreliable sign of labor

9. A trip through the hospital - in advance (203)
10. Familiarize yourself (203)
    1. Familiarize yourself with the birth place and learn what you will be doing when you enter the hospital

11. Birthing rooms and LDR rooms (203-204)
    1. Ask about what kind of rooms the hospital has, labor rooms, birthing rooms, labor and delivery rooms?

12. Prior arrangements (204)
    1. make prior arrangements for financial coverage of her stay and get forms to fill out in advance

13. Insurance (204)
    1. If you have insurance, bring policy and fill out paper work in advance

14. Natural childbirth is less expensive (204)

Chapter 11: Postpartum and Family Relations (205-217)

1. Hospital Stay (205)
   1. You should stay in the hospital as long as you want, but keep in mind baby should be there as short a time as possible

2. Rooming-in facilities (206)
   1. Most hospitals have rooming-in facilities, which keeps baby out of contact with other babies and facilitates breastfeeding/bonding etc.

3. Eighteen-month gestations... nine in and nine out (206)
   1. Ashley Montagu - theory that humans have 18 month gestation “marsupial mommas”
   2. Baby needs much love and care the first 9 months

4. Do not separate (206-208)

5. Separation decreases motherliness (208)
   1. animal moms who are separated from their kids rejected the infant.

6. Rejection of offspring (208-209)
   1. separation results in un-motherlike behavior
   2. Unseparated mothers are more sensitive to baby’s needs.

7. Home best for resting (209)
   1. Mother will be more comfortable and recover faster at home.

8. Natural-childbirth moms can go home two hours after birth (209)
   1. not sick and better at home

9. Adjustment period (209-210)
1. There is a period of adjustment for the husband, she may appear to ot
   have time for you
2. Help out! make it so mom doesn't ever have to be away from baby,
   and that she doesn't feel guilty for not cleaning, clean make food, hire
   a cleaning lady, etc.

10. Sex (210)
   1. Not right after birth - wait at least 4 weeks

11. Lubrication (210)
    1. There may be problems with lubrication due to reduced vaginal mucus,
       use lubricants etc to increase comfort

12. Not ignored ... additional family obligations (210-211)
    1. Your presence and support makes a great difference

13. Physical factors (211)
    1. Help wife do postpartum exercise to tighten and re-strengthen her
       muscles.

14. Cold or ice packs (211)
    1. use cold or ice packs and sitz baths to help heal the perineum

15. Menstrual flow (211-212)
    1. will be present for about a month after weeks

16. External vaginal skin (212)
    1. keep vaginal area clean with water

17. Vitamins and supplements (212)
    1. Continue taking prenataals

18. Exercises (212-213)
    1. Same as prenatal ones, especially tailor sitting and kegels

19. Pelvic rocking (213)

20. “Running” position (213)


22. Activity (214)
    1. Your wife should do whatever activity she feels comfortable with.

23. Up and down steps (214-215)
    1. No need to worry about steps, just don’t do them frequently

24. Driving (215)
    1. Just fine after birth

25. Suggest books (215)
    1. The Baby Book by William Sears
    2. How to Raise a healthy Child in Spite of Your Doctor by Robert
       mendelsohn
    3. The Womanly Art of Breastfeeding by La Leche League
       Gordon
    5. Sweet Dream: A Pediatrician’s Secrets for Baby’s Good Nights’ Sleep
       by Paul Fleiss

26. First baby? (216)
    1. have them, love them and leave them be

27. Education (217)
Chapter 12: Husband’s Role in Breastfeeding (219-228)
1. Encourage continued education and encourage her to do things for herself, not just baby
2. The success of breastfeeding depends on the husband’s attitude towards it.
3. Why encourage your wife to breastfeed? (219)
   1. Good source of immunities and food for babies
   2. Women who breastfeed their babies for 2 years or longer lower their risk of breastfeeding by 50%
4. Breastfeeding separates the placenta (220)
5. Twins (220)
   1. Twins are healthier with natural childbirth, breastfeeding, etc.
6. Benefits (221)
   1. Breastfeeding delays the onset of menstruation
   2. Higher blood iron levels
7. Shrinking of uterus (222)
8. Calming effect, more motherly (222)
9. Best food for baby (222)
10. Bonding (223)
11. Home again (223)
   1. Tells baby he is home again and encourages mothering
12. Heartbeat (224)
   1. Helps regulate baby’s heartbeat
13. Breathing (225)
   1. Helps regulate breathing
14. Warmth (225)
   1. Skin to skin contact provides warmth for baby
15. Motion (225)
   1. Rocking is good for the baby - this is a good way for dad to help comfort and soothe baby
16. Verbalize (225)
   1. Hum, sing, talk to him in a singsong manner
   2. Baby is used to your voice
17. Breastfeeding benefits for husbands (226-227)
   1. Financial - Formula is extremely expensive
   2. Smell - Breastfed babies smell better
   3. Two-O’Clock in the morning - Imagine preparing a bottle at 2am
   4. Travel - Easy to travel with
   5. Health - Long and short term health benefits for mommy and baby (AAP quote on p 227-228)
18. Breastfeeding summary (228)
   1. Support your wife’s decision to breastfeed, defend her, help her go to LL meetings, etc.

Chapter 13: The Nature of Instinct (229-234)
Chapter 14: Research Catches Up With The Bradley Method (235-241)
1. Husband-coach - original introducer of this idea
2. Breastfeeding - immediate breastfeeding is now commonly practiced
3. The IV - not necessary
4. Iatrogenic (doctor-caused) prematurity - inducing labor prematurily is now not recommended
5. Leaving the hospital - research now confirms that babies should leave hospitals as soon as possible
6. Incubator - research shows skin to skin contact is better and more efficient
7. Long-term breastfeeding
8. Smoking and alcohol
9. Ultrasound inaccurate and possible dangerous
10. Happiness, dignity, and pride - natural birth mothers feel this strongly
11. Updated evidence
12. Cesarean epidemic - c-section rates in the US too high (currently 35%)
13. Harm from cesarean - linked to breathing problems
14. Inducing labor - rates have increased
15. Induction drug danger - Cytotec a common induction drug, is very dangerous and not approved by the FDA
16. Electronic fetal monitoring - no data support the use of EFM
17. Ultrasound - controversial
18. Episiotomy - evidence does not support maternal benefits
19. Breastfeeding mothers and babies - human milk is uniquely superior

Chapter 15: Obstacles (242-249)
1. Obstacle one: the medical profession (242-246)
   1. many doctors in the medical profession have outdated education and do not support natural practices. Don’t try and convince them you are right, find a doctor who already knows you are right and work with them.
2. Obstacle two: your parents (246-247)
   1. Parents don’t know you can give birth naturally, don’t blame them, it isn’t their fault. They did the best they could
3. Obstacle three: your friends (247-248)
   1. Many women say they just want the drugs and don’t understand why you want to “do this to yourself”
4. Obstacle four: hospital personnel (248-249)
   1. They may be skeptical of what you are doing because they have never seen anyone do it.

Chapter 16: Pregnancy Loss (250-254)
1. “What if my wife has a miscarriage?” (250-253)
   1. Number one cause is wife is developing pregnancy signs without a viable baby
   2. 1/5 sperm have an abnormality
3. 4/5 pregnancies end in miscarriage
4. Some women lose good babies but this is very rare.
5. There is nothing that can be done to prevent this
6. Do not let your wife blame herself for a miscarriage
7. If a good baby is present it will stay and grow

2. “What if my wife has a stillborn baby?” (253-254)
   1. In nearly all species of animals there is the occasional dead baby from unmanageable and unforeseeable intrauterine complications.

Chapter 17: “Daddy Helped Born Me” (255-260)
   1. Daddy - daddy felt her birth was important enough to attend and be an active participant
   2. Helped - Daddy was active
   3. Born - her mother did something to bring the child into the world and was not passive
   4. Me - the central figure for which all the preparation was made.
   5. Daddy pictures
   1. pictures that show the presence of the father at birth

Chapter 18: Nutrition in Pregnancy (From the work of Dr. Tom Brewer) (261-270)
   1. Dr. Brewer author of Metabolic Toxemia of Late Pregnancy
   2. The basics are: (263)
      1. Every day:
         1. 4 glasses of milk
         2. 2 eggs
         3. 2 servings of protein
         4. 2 servings of fresh green leafy veggies
         5. 4+ slices of whole grains
         6. 1 citrus fruit
         7. 3 pats of butter
         8. Other fruits and veggies
      2. Also include
         1. 1 serving whole grain cereal
         2. A yellow or orange fruit or veggie
         3. Liver
         4. Whole baked potato (3x/wk)
         5. Fluids
         6. Salt food to taste
   3. Milk - Provides protein, calcium, fats, other vitamins and minerals
   4. Eggs - protein, vitamins, minerals, vitamin A
   5. Protein - amino acids
   6. Adding protein to your diet
   7. Substitutions - you can make substitutes but make sure your proteins are complete
   8. Greens - vitamins (A and B), minerals
   9. Whole grains - carbohydrates so your body doesn’t deplete protein
   10. Citrus foods high in Vitamin C - vitamin C
   11. Butter (fats and oils) - Vitamins A, D, E and K, make skin stretchy
12. Yellow and orange fruits and vegetables - vitamin A
13. Salt - decrease swelling
14. Water (fluids) - drink to thirst
15. The best nutrition for your baby is breast milk (269)
   1. Advantages of Breastfeeding
      1. perfect food
      2. good for mother's health
      3. only food needed for 6-9 months
      4. digests easily and rapidly
      5. not likely to constipate baby
      6. smell better
      7. fewer digestive upsets, diaper rash, respiratory infections
      8. easier to travel
      9. causes secretion of prolactin, mothering hormone
     10. easier to feed at night
     11. readily available
     12. lowers breast cancer risk
16. Nutrition plays a role in cesarean surgery (269-270)
   1. A mother who has a good diet
      1. has a better chance of having a uterus that is strong and efficient so cesarean surgery is less likely to be necessary
      2. has less chance of postpartum infection, will heal better and faster
   3. better chance for a VBAC

Chapter 19: Pregnancy Problems: Natural Prevention (271-283)
1. Best way to treat a disease or problem is not to have it
2. Nutrition (271-272)
   1. Nutrition is the most important factor in helping warn of disease and problems
3. Emotional stability (272)
   1. self-confidence changes a worrywart into an obstetrical athelete
4. Spiritual (272)
5. The common cold (273)
   1. during cold season and known epidemics try and stay away from very crowded places
6. Do not overtire (273)
7. Moisturizer or humidifier (273)
   1. In dry climate use moisturizer and humidifier to keep from drying out.
8. Will yourself... (273)
   1. Power of positive thinking
9. Bladder infections (274)
   1. Drink water
   2. go to the bathroom regularly
10. Perspiration (2740
11. “Gotta go” feeling...need more water (274)
   1. drink more water to make you have to go less, not more
12. Don’ts (275)
   1. Don’t cross legs

13. Panties (275)
   1. Don’t wear panties whenever possible - dries out skin

14. Don’t over bathe (276)

15. Hand cream (276) - use hand cream (or oil) to moisturize the vaginal lips

16. Skin flexible (276) - keep the skin flexible

17. Lovemaking (277)
   1. Don’t make love on your back

18. Kegel (277)
   1. Don’t forget to kegel

19. Vaginal infections (277-278)
   1. Same preventative measures for bladder infections apply

20. Douches (278)
   1. Don’t do this

21. Underwear (278)

22. Wet bathing suit (278) - don’t sit around in wet bathing suit

23. Flu (279) - stay away from crowded areas

24. Bruises, lacerations and puncture wounds (279)
   1. Bruise more easily, don’t indulge in contact sports, wear shoes and try not to fall.

25. Postpartum infections (279) - natural birth preparation and completion can prevent these

26. The breast (280)
   1. Nurse 5-10 minutes on one side then as long as baby wants on other

27. Fever
   1. Don’t try to prevent fever this is the body’s way of fighting infection
   2. Discuss temps over 101 by mouth

28. Hemorrhoids (280-281)
   1. tailor sit, proper eating, fluids, exercises

29. Varicose veins of the legs (281)
   1. exercises, nonrestrictive clothing

30. Genital herpes infection (281-282)
   1. vitamin therapy: 2,000 mg of vitamin C; 600 mgs of L-lysine; 20 mgs of zinc

31. Constipation (283)
   1. go regularly, drink water, good nutrition

Chapter 20: Pregnancy Problems: Natural Healing (284-292)

1. “Grandmother treatment” (284)

2. Drugs in pregnancy...harmful to fetus (285)
   1. All drugs taken during pregnancy are potentially harmful to fetus

3. Common cold (285-286) - rest, promote perspiration, force oral fluids, gargle with hot salt water, humidify the bedroom air

4. Coughing (287) - don’t use chemical cough suppressants

5. Ear infections (287) - should be treated by medical professional no grandmother treatments are effective
6. Laryngitis (287) - don’t talk
7. Bladder infections (287) - prevention, sitz baths, rest
8. Soap and bath oils (288) - keep these out of vaginal area
9. Vaginal infections (288) - prevention, but no grandmother treatment
10. Flu (288) - liquids
11. Diarrhea (289) - liquids, let pass
12. Lacerations and puncture wounds (289) - clean and bandage
13. Postpartum infections (289-290) - rare in natural childbirth
14. Breastfeeding (290) - nurse often
15. Fever (290-291) - avoid drugs, rest, fluids
16. Hemorrhoids (291) - witch hazel (Tucks), sitz baths
17. Varicose veins of the legs (291) - elastic hosiery
18. Genital herpes infection (292) - no cure
19. Constipation (292) - roughage, fruits, fluids

Chapter 21: Bradley Moms’ Perspectives and stories (293-306)
1. This chapter offers a number of anecdotal stories from Bradley moms

Chapter 22: Bradley Dads’ Perspectives and Stories (307-328)
1. This chapter offers a number of anecdotal stories from Bradley dads

Chapter 23: Photographing a Birth (329-338)
1. This chapter offers a number of suggestions and hints about how to photograph birth, how to hire a photographer, and what pictures may be important

Chapter 24: Dad’s Coaching Tips (339-350)
1. This chapter summarizes the book and gives dads a quick reference for coaching through pregnancy, labor and birth