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6

Shiatsu for labour

Introduction

In a sense, working with a woman in labour is one of the easiest times to do shiatsu. A woman in labour is extremely sensitive to the kind of touch she needs and where she needs it. You may find some of what follows is similar to what you already do; shiatsu is simply giving you more of an awareness of why you do what you do, and offering a tool to deepen the quality of your work. A midwife trained in shiatsu skills may not work that differently from an experienced shiatsu practitioner, as working in labour is about seeing where to move the energy. Midwives are often able to see that as easily as a shiatsu practitioner as they are very in tune with the energies of labour.

Work in labour may involve strong, often dispersing, techniques as the energy is so intense and powerful. The focus is on helping the body's energies to flow well right from the beginning, rather than waiting till they get stuck, when it is much harder to change the patterns. In terms of shiatsu for 'pain relief', we can say that the body feels less pain or is able to cope better with pain if it is being supported to do what it needs to do. Indeed, both traditionally and even today in Japan, women are just expected to get on with labour and, not surprisingly, with that expectation, they often do. In shiatsu, we are not trying to take away the pain, but enable the mother to work with her body. From this point of view, it is useful to involve both the mother and her birth partner even before labour. Introducing shiatsu in antenatal classes enables them both to approach labour more positively and to feel that

there is something that they can do. Parents can be taught induction points as long as they are taught to work with feedback from the mother, so that if it doesn't feel right, then they discontinue until they have re-checked with the midwife. It is, however, never too late to begin shiatsu. Even in the second stage women can respond positively.

Remember that how points and meridians are touched is as important as locating the correct position of a point. Be aware of the mother's breathing and try to apply or increase pressure as she breathes out. It may be helpful for you to breathe with her and then this also becomes a way of supporting her to breathe more deeply. Often points are stimulated during contractions, the amount of pressure increasing as the intensity of contractions increases. In between stimulating the points, it may be relaxing for both you and the mother for you to do some stroking movements, either light or vigorous, or to apply lighter general pressure.

Many techniques are useful for different stages of labour, but eventually you will be able to select which one is most suitable for the energy of the particular woman you are working with. You need to try to tune into Kyo and Jitsu, and decide where the mother has too much energy and where she doesn't have enough.

I don't give specific times for how long to work a point or a meridian because shiatsu is about responding to the individual. Some people are more sensitive and may feel a strong reaction after a few seconds. Other people may not feel very much, even after a few minutes. However, labour is a time when points may be held for much longer than usual. In pregnancy and postnatally, or if you are practising with friends, a few minutes is often long enough. In labour, by contrast, some of the points may need to be worked on for hours. If a mother finds a particular point helpful, she may not want you to stop. In this case, it is useful to enlist the support of her partner, so you can attend to your other duties! It is the same with shiatsu for induction. If a woman is not going into labour, then sometimes working once with the induction points for a few minutes may be enough to stimulate contractions, but it may be that the points need to be worked for up to an hour several times a day for

several days. Sometimes I get women to stick a grain of rice on the point with a plaster and stimulate as often as they feel is right through the day. The guideline I give for induction is to work the points as often and for as long as it feels right. The mother usually feels something – whether it be relaxation or movement of the baby or a contraction itself. She knows how long she needs the point to be stimulated and which is the most effective one.

I present most versions of the techniques with the mother in the all fours position. By this, I mean on her hands and knees leaning over a chair, as this is a good position for supporting the process of birth. The work is the same if the mother is sitting astride a chair, leaning against the wall or kneeling forwards. You are still able to access the same parts of the body. You need to make sure that the pressures are appropriate for the position in which you are working. You can also do shiatsu with the mother lying on her side or back, or indeed any position, as long as you apply the basic principles. I will focus more on how to work in these two other positions in the pregnancy and postnatal sections and you can refer to these for more guidance on this.

I have included some visualizations on each of the different elements. These can sometimes be useful for the mother to focus on in labour and they can be introduced during antenatal classes. They can also be helpful to do as a midwife, to be more aware of the energy of the different meridians.

Back routines

The back is important to work in labour because the spine relates to Governing Vessel energy which is the main source of Yang energy and which regulates Essence and Ki in the body. The Bladder meridian passes down each side of the spine and this part of the Bladder meridian contains points that relate to all the organs in the body – the Yu or associated organ points (Fig. 6.1). Bladder also relates to the nervous system. We can say that by working on the back we are able to balance all energies in the body. Water energy (Bladder) is especially important in the first stage when fear can block the process of labour. The spine

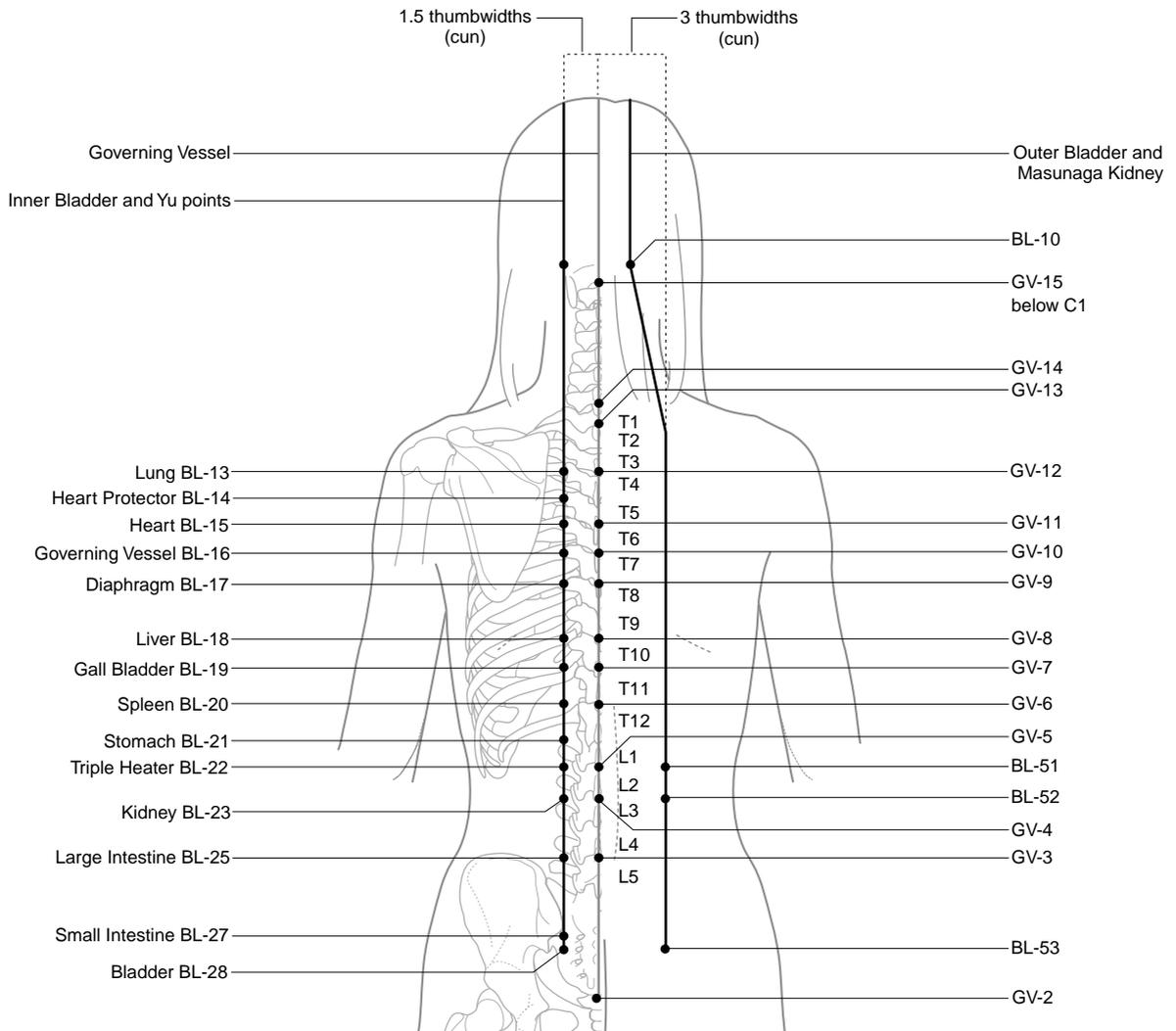


Figure 6.1 The main meridians of the back – Kidney, Bladder and Governing Vessel – and important points including Yu points. Note: remember all meridians are bi-lateral.

provides the main physical and emotional support for the body and is an area where tension can be stored in labour. The sacrum and neck can be areas where the mother may experience discomfort.

I have included Fig. 6.1 so you can see the different points, but you don't necessarily need to learn where they all are, unless you are a shiatsu practitioner. You may become familiar with some of the important ones such as BL-21 (Stomach), BL-20 (Spleen), BL-22 (Triple Heater and lower burner, fluids), BL-23 (Kidney). All the associated points are in a line one and a half thumbwidths from the midline of the spine. A thumbwidth or

cun is the measurement the Japanese/Chinese used to measure the location of points. It is one thumbwidth of the person that you are working on and not your own. You need to remember this especially when you are working with a baby.

Other important points are:

- BL-51. This is level with BL-22 on the back, three thumbwidths from the midline, and it affects the Triple Heater. The Ki of the Triple Heater is essential for the proper movement and transportation of Ki in all physiological processes. Its action extends up to the chest and downwards to the Bladder and Uterus.

It is used in postpartum abdominal pain, breast lumps and breast pain.

- Jinggong (Palace of the Essence). This coincides with BL-52, i.e. three thumbwidths from the midline, level with BL-23; it tonifies the Kidneys and Essence.
- BL-53. This is level with the spinous process of the second sacral vertebra, three thumbwidths from the midline. Its action affects the abdomen, bladder, uterus and genitals.
- GV-4 is an important point in regulating the fire of the Kidneys (Ming Men). It also clears heat, regulates the GV, tonifies the Kidneys and benefits the lumbar spine.

It is helpful to know what the points are for, but what is most important is to balance Kyo and Jitsu along the meridian lines – if you do this, you will be balancing energy appropriately. Ikuyo Hosaka used these back points a lot in her work, but didn't always seem to name the actions of the points.

Before you work on the Bladder meridian, I'd like you to connect with the energy of water. This can be useful for women as preparation for labour and can be used in labour itself. It illustrates how instinctive shiatsu is – as many women naturally feel an affinity with the image of the wave, or indeed even want to be in water during their labour.

Box 6.1 Water visualizations

With all the visualizations, find a comfortable position in which to do them. This could be lying, sitting or resting on all fours, or indeed any position.

The wave

The wave is a familiar image women tune into in labour – because it links into the water energy. The wave allows us to contact the Yang, dynamic, moving aspects of water. This wave visualization can be done either in pregnancy or in labour itself.

Sit and close your eyes.

Follow the movement of breath as you breathe out and in. As you breathe out, lengthen the breath and allow it to drop into the abdomen (hara) so as you breathe out your abdominal muscles gently draw in.

After a short while, as you breathe out, imagine that the breath is like a wave of water moving through your body.

You can feel it spreading out from your hara to cover your whole body from head to toe.

You can feel the wave beginning at the top of your head and allow it to flow down through your whole body.

Keep focusing on your out-breath as you feel it flowing down the outside – from your head, over your shoulders and back and down over your chest and ribs into the pelvis. Feel it flowing down the pelvis and then over the buttocks and abdomen and into the legs. Feel it flowing down your legs into your feet. Feel it flowing out from the soles of your feet.

Keep focusing on your out-breath as you feel it flowing down the inside of your body. Focus on your main organs. Feel it flowing through your nose as you breathe out and in. Feel it flowing through your lungs as they expand and empty. Feel it flowing through your heart as it beats. Feel it flowing through your intestines as water cleansing. Feel it flowing through your uterus and surrounding your baby. Be aware of it flowing around your baby's body. Feel it flowing through your cervix. In labour, the mother can feel it flowing in the cervix and opening it out, but do not suggest doing this in pregnancy.

Ease out when you feel ready.

The pool

The lake enables us to contact the Yin, still, supportive aspect of water.

Breathe out deeply into the hara.

When you feel relaxed, imagine that you are lying in a pool of warm water. You feel the water supporting your body so that you do not have to do anything except lie back and relax. With each out-breath feel a deeper sense of peace and support.

Be aware of your baby in the pool with you. Your baby may be in their own pool of water inside you, the water of the amniotic sac. Or maybe they are lying in the pool of water next to you or lying on your abdomen. As you breathe out feel yourself floating with your baby. Sense how your baby's body is supported by the water.

Ease out when you feel ready.

Basic techniques

With all these techniques, start working with the mother in the all fours position lying over a chair. When you are familiar with them, you can work with the mother in any position.

Make sure that you apply all the basic principles previously presented, especially remembering to move and breathe from your hara.

Coccyx release

Contact the left side of the upper cervical vertebrae, i.e. just under below the occiput, with the fingertips of one hand, and the left side of the coccyx with the fingertips of the other. Feel which is more Kyo and which is more Jitsu. Imagine a flow of energy between them, and see if a subtle rocking motion occurs. If it does, move your hands in time with it, accentuating the flow. If not, apply pressure alternatively for as long as

you feel appropriate. Repeat this on the other side and then in the midline with the upper fingers in the central indentation at the base of the occiput, and the lower fingers on the coccyx. Repeat with two fingers applying pressure on either side of the coccyx at the same time (Fig. 6.2). Release may be felt as a tingling, warmth, or a spreading out.

Occipito-sacral rocking/balance

Do the same as you did for the coccyx release, but this time cup the occiput with one hand and place the palm of the other over the sacrum (Fig. 6.3). Respond to any rhythm you may feel.

Why? You are making a connection with the spinal column and the cerebrospinal fluid which is the energy of the Governing Vessel meridian. This runs right through the spinal column, and some important points (GV-15 and GV-2) may be underneath your hands. The coccyx is an important area on the Governing Vessel. If energy is blocked here then there can be lower backache or blockages in the process of labour, especially in second stage when the coccyx needs to move. The sacrum also relates to Bladder energy and to the flow of Essence and the Governing Vessel. Both holds can be useful if the mother is very exhausted at any stage of labour – if she has a depletion of Yang energy. If the Yang energy of the mother is too active then the neocortex will be over-stimulated and she may be frightened. The hold may quieten the energy, or it may be that you need to do some more dispersing-type work such as faster palming or stroking.



Figure 6.2 Holding the coccyx and cervical vertebrae.

Palming and using thumb pressure on the Governing Vessel, Kidney and Bladder

You can very gently palm down the Governing Vessel, keeping your mother hand over the coccyx, or moving it slightly higher, as feels appropriate. Refer back to the basic techniques on pages 82–83 for a description of palming. Begin with your working hand at the neck and work down to the coccyx. You need to use light holding on the neck and also in the middle of the back, because strong pressure in this position could damage this part of the spine. Remember to keep the mother hand–working hand connection.

Now that we are palming on a specific meridian, unlike the general palming previously described, you need to focus your attention on getting the centre of your palm over the centre of the meridian being worked – in this case the centre of the spine. Still remember to mould your whole hand to the mother's body. You also need to make sure that you are leaning your body-weight in at 90° to the angle of her body so that the pressure penetrates deep inside. You can tell if you are not doing this because often you will find you are pulling up or down on skin or clothes. You may even move the mother's body.

As you palm, see if you can notice the more Kyo and the more Jitsu areas. Repeat this as often as is comfortable – sense how long you need to stay on each area.

You can also palm with the centre of your palm over a line 1.5 thumbwidths out from the



Figure 6.3 Balancing occipital and sacral energies.

midline of the spine which we locate as the highest point of the erectae spinae muscles. This is working the traditional Bladder meridian.

You can palm out 3 thumbwidths from the midline of the spine – this is working the Masunaga extended Kidney meridian.

It is usually best to palm down these meridians, i.e. from the neck to the sacrum, rather than upwards, from the sacrum to the neck, as the focus in labour is to bring energy into the uterus, abdomen and lower back areas. If there is a reason to bring energy away from these areas such as precipitate labour or hypertonic contractions then you can work in the other direction.

You can repeat work with these meridians using your thumb pads instead of your palms, as in the basic techniques.

Why? All these meridians are important in labour. Bladder and Kidney represent the water element which is drawn upon a lot in labour – they can be used any time the mother is feeling tired or exhausted. If you feel she is stuck, either physically or emotionally, then working with these may promote a sense of flow and movement. This may also affect the baby, either through promoting movement or calming. They may help with urination. As the emotion of water is fear, they can be used whenever there is fear.

The Bladder meridian extends from the eye, over the head, down the back and to the feet. Because of its length, it has a great range of actions which are not just limited to the Bladder organ and it is one of the most important meridians in the body. It includes the Yu points in the back which affect all the other organs in the body. (Bladder is useful for backache in labour.) The Governing Vessel regulates Yang, Ki and Essence (see above). Palming slowly is more tonifying, palming more quickly is more dispersing/sedating.

Hand-over-hand stroking

You can use the stroking technique over the back, neck and shoulders – moving hand over hand and working from the top down, like we did in the basic technique section, but this time focusing more specifically on the meridians of GV/BL/KI. The direction is important as it is more relaxing this way and draws tension away from the neck

and shoulders. Make sure that your wrists and shoulders are relaxed and have your whole hand in contact with the body. You can work lightly over the neck, more firmly over the shoulders, more lightly down the spine and quite firmly down the legs. You may want to finish off holding the feet.

Experiment with a colleague to feel the effects of different speeds – go as slowly as you can and as quickly as you can and everything in between. If you do it more slowly it is more relaxing and is more about bringing energy into the Kyo areas. If you do it quickly, it is more stimulating and sedates the Jitsu areas.

Why? This is a deeply relaxing stroke and can be used at any time in labour when you want to support the mother to relax and let go, and for the same reasons as you would palm these meridians.

All three techniques can potentially be used at any stage of labour – but they are especially helpful between first-stage contractions to help the mother to fully use the space to relax and let go of the pain of the previous contraction and be ready for the next contraction. They can also help her to regain her energy, so can be useful if she is tired. They help her feel more in touch with herself and can help her to feel less anxious. This can also apply to the transition between the contractions of first and second stage, and indeed between second and third stage if there is a delayed physiological delivery of the placenta.

Decide if the woman seems more Yin or more Yang and if her energies feel more Kyo or Jitsu to judge whether to use the more holding techniques (i.e. tonification) or the more stimulating techniques (i.e. sedation).

Stronger pressure on the sacrum

It is possible to give much stronger pressure on the sacrum. Review this basic technique, including Fig. 5.4, from p. 78. Begin by placing one hand on top of the other in a criss-cross pattern, the fingers of the lower hand facing up the spine. Begin at the top of the sacrum, i.e. just below the level of the iliac crests, and palm down to over the coccyx. Repeat this a few times, gradually building up to the maximum pressure which is

comfortable for the mother as you do so. Make sure that the pressure applied is at an angle of 90° to the mother's body and keep remembering to work and breathe from your hara.

You can apply pressure into each buttock. You can have one hand on each buttock and angle the pressure at 90° to the body in both hands equally at the same time, but making sure that you feel a connection between the two hands.

Why? In labour, the mother often feels tightness, pressure or pain in the sacrum. She may feel the pain of the contractions directly in this area, a pain which often spreads down the legs. This relates to the water energy in the body. With pressure this pain can be eased.

The sacrum is also related to the neck – tension in the neck can often be expressed in the sacrum. Sometimes the neck can be too painful to work on directly, so work on the sacrum is useful. The same holds true the other way round – thus work on the neck may be indicated if pressure on the sacrum is too strong.

The sacrum forms part of the structure of the pelvis, and, by working on it, all other joints in the pelvis may be affected such as the sacro-iliac joint and the symphysis pubis; thus it can be used to ease pain in these joints as well.

More complex techniques

Sacral opening/gathering

Sacral opening You can apply pressure to each side of the sacrum. To release energy from the sacrum and send it to the front, place your hands so that your fingers are pointing out, and align the heels of the hands along the outer edge of the sacrum. Lean both hands in at 90° but with a slight opening to the sides of the body so that you open up the sides of the sacrum (Fig. 6.4A).

Sacral gathering The opposite of this is to place your hands so that your fingers are pointing to the centre, with the heel of the hand still along the outer edge of the sacrum. Your hands may overlap. As the mother breathes out, lean both hands in at 90°, at the same time slightly drawing them together. This brings energy into the sacrum and opens it up around the symphysis pubis. Do not do this strongly if the mother is



Figure 6.4 A: Sacral opening and B: sacral gathering.

suffering from symphysis pubis diastasis (SPD) as this may aggravate the condition (Fig. 6.4B).

Why? These are techniques that Ikuyo Hosaka often used and are now used by her granddaughter Naoko. They can be useful for backache, especially that caused by the sacro-iliac joint. One of the two ways usually feels more comfortable for the mother, so work with this one. It also can help to focus the energy – either to the back or the front. The sacral opening can be useful for women with SPD as it draws energy to the front.

Specific sacral groove work

Although the general pressure can be very effective, sometimes it is not enough. This is when it is helpful to apply strong pressure into the sacral

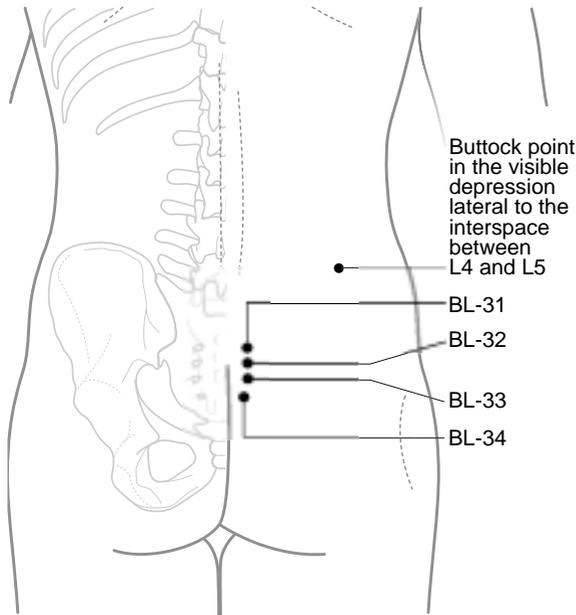


Figure 6.5 Points BL31–34 and the buttock point.



Figure 6.6 Thumb massaging to find the sacral points. Note the position of the practitioner and how the shoulders are relaxed and the movement comes from the hara.

grooves/foramen (Figs 6.5 and 6.6). The sacral grooves are four pairs of points on the sacrum – on some people they are easy to find, and on others not so. They are four holes in the bone of



Figure 6.7 Thumb massaging to find the sacral points. Note how the rest of the hand acts as the mother hand.

the sacrum through which the sacral nerves pass – usually about a thumbwidth out from the mid-line, although it varies from person to person depending on the size of their bones. You can locate them by feeling from the top of the iliac crest (hip bone). Following its curve down, you will reach the top points. An alternative way of locating them is by feeling the tail bone and feeling up for the first set of points. Begin at the top or the bottom and place the pads of your thumbs in a pair of points (Fig. 6.7). Start gently massaging around the dip with small circling movements; this allows your thumbs to settle in the centre of the point. Then lean in with your bodyweight to apply static pressure. Make sure that the thumb joint is straight. The fingers of the rest of your hand act as the mother hand.

To increase the pressure in the points, you can work them one at a time. In this case, place one thumb on top of the other (Fig. 6.8). Lean in deeply. Make sure your fingers support your hand by making contact with the body. The fingers act as the mother hand.

You can also use your knuckles in these points, either one at a time or in pairs. To do this, bend your fingers into your palm. Place the second knuckle joint away from the fingertip of the index finger into one of the points. If you are working one point at a time, take your other hand and wrap it round the working hand so that it both gives stability to the working hand and is in contact with the mother's body – a double-acting



Figure 6.8 Using one thumb on top of the other.



Figure 6.10 Using the rolling knuckle technique on the sacrum.



Figure 6.9 Using the knuckle in the point. Note the mother hand wrapped around to support the working hand, and the thumb and fingers acting as the mother hand.

mother hand (Fig. 6.9). If you are working both sides at the same time, place the knuckles of both index fingers in the highest sacral point and lean in with your body-weight (Fig. 6.10). You can then roll your knuckles in a straight line down the sacrum as far as they will go. You can repeat this, starting with your index finger knuckle in the second point down.

Work all pairs of points – you may well find that some points are easier to feel, some feel more

tender to touch, and some you can go into quite deeply. This is your diagnosis of Kyo and Jitsu. Work first with the more Kyo. You may find the mother wants you to stay there. You may find one side is Kyo and the other side is Jitsu – work until you balance them out.

You can use the same techniques, but just working one side, with the mother in the side-lying position. Turn your hips and hara to face the mother's body and focus mostly on the grooves on the side uppermost, although sometimes it may be possible to work both sides.

After working, it is quite a good idea to do some of the hand-over-hand stroking over the buttocks and down the legs to allow the energy released to flow and be integrated by the rest of the body.

Why? This is another way of balancing the energy of the sacrum. The points are on the Bladder meridian. They are important points for genital disorders in men and women, and for prolapse of the uterus and sterility in women. All tonify the Kidneys and benefit Essence, and so tonify the whole body. They are also used to strengthen the lower back and knees. They can be used for difficult urination. They help to release energy through to the uterus – women often feel a comforting warmth in the uterus as these points are worked. They relate to the sacral nerves and thus will help with pain relief in labour. It is the sacral nerves that supply the

lower segment of the uterus and the perineum and lower vagina. This means that in labour we tend to work down the points as labour progresses.

Tightness in these points, especially more on one side than the other, can often indicate the baby is stuck on the side where the energy is Jitsu. By releasing the Jitsu, the baby will often change position.

They are most commonly used during first-stage contractions for pain relief and to help the contractions to be more effective. Usually they are used during contractions – many women need only these for pain relief through the whole labour. It can be useful to teach them to the partner. You just need to work as long as the mother wants. Often, in between contractions, the mother appreciates the stroking techniques. They can be used in second stage if the contractions seem ineffective to focus the mother's energy, and in third stage for uterine bleeding.

BL-31 is in the top sacral groove. BL-32 is in the second sacral groove, counting downwards towards the coccyx. It is the most important as it tonifies the Kidneys and the Essence. It is used for infertility, prolapse of the anus and uterus, and stimulates ascending Ki. BL-33 has more of an effect on the Bladder and promotes, with BL-20, formation of Blood in Blood deficiency. BL-34 regulates Ki and Blood, and can be used for uterine bleeding, especially third-stage bleeding.

Buttock points

These two points are known as extra points – they are not on any particular meridian. One on each side, they are known as the lumbar eye – and are level with the fourth lumbar vertebrae, about 3.5 thumbwidths from the midline. They are often seen quite clearly as dimples in the buttock below the iliac crest.

To work, you place a thumb in the point on each side and use your fingers to cup round the top of the iliac crest (Fig. 6.11). The fingers act as the mother hand. Lean in at 90° with your thumbs while drawing back with your thumbs. You can also work one point at a time with one thumb on top of the other.



Figure 6.11 Working with the buttock points. Note the position of the practitioner with the hara behind the hands. Remember to have relaxed shoulders and lean from the hara.

Why? They are good points for strengthening the Kidneys and supporting the lumbar spine. They can be helpful for exhaustion, backache and pain relief. They can be used to help open up the pelvis during either first- or second-stage contractions. Ikuyo Hosaka in her practice in Japan often used them.

Drawing up GV energy or the hooking technique

This can be done if the mother is bearing down before the cervix is fully dilated and the baby's head can be felt pushing against the perineum. If the mother is on all fours, place one hand on the perineum. The palm should be over the top of the baby's head. Place the other hand on the sacrum with its fingers pointing down to the coccyx. Draw up strongly with the hand on the perineum and draw down with the hand on the sacrum (Fig. 6.12).

Why? This allows the Governing Vessel energy to flow down to the perineum and then strongly up again. This helps the baby to stay in the uterus until the cervix is fully dilated and takes away the mother's urge to bear down. This is another one of Ikuyo's techniques which Naoko taught me. Naoko has used it often in her practice and so now have many other midwives who have done my course.



Figure 6.12 Drawing up the GV energy or hooking technique. Note the position of the hands and the practitioner's body.

Case study 6.1 Hooking case study – an independent midwife

A primigravida woman started to have mild contractions every 7 min a few hours after she had had a show. Six hours on her contractions were regular at 5 min and slightly stronger. At this stage the SP-6 tsubo was worked on both legs alternately. The contractions were much stronger 20 min later.

Within 3 h the contractions were strong and regular every 2–3 min. By this time she was having more of a lower back pain, especially with contractions. Pressure was applied using both hands on the B-27 to B-34 tsubo area, but when she had a contraction, each tsubo was worked on with both thumbs in the direction of the coccyx to relieve the pain.

Two hours on she felt rectal pressure with each contraction. The cervix was 8–9 cm and the head was high. In order for her not to bear down when having contractions, one hand was left on her sacral area and the other hand was placed along the coccyx to the perineum, hooking the fingers around. With the contractions, the hand on the sacrum applied firm pressure to the area, and the hooking hand put pressure on to the curvature of the area, relieving the rectal pressure. This was continued until the hooking hand could feel the head descending on to the fingers. This ensured that the head was low. The woman also felt a strong urge to push and I could see her body voluntarily pushing. With six pushes she gave birth to a female infant.

Box 6.2 Bladder partner exercise – sitting back to back

This is the exercise we did in the basic principles section on pages 75–76. It is a good exercise to help make people aware of the energy of the back as well as to show them how shiatsu works; it can be included in antenatal classes to encourage mothers and partners to work together.

Neck, head and shoulder routines

The neck and head are important to work because tension is often stored here. In labour, many women clench their jaws and tighten their shoulders. This can give rise, not only to generalized tightness in the neck and shoulders, but also to specific symptoms such as headaches, nasal congestion and emotional tension.

Neck work can be useful at all stages of labour. It can help with pain relief. Allowing energy to flow will also help the body to do whatever it needs to. It is especially important to support wood energy in the second stage. If you notice a big difference in tightness, i.e. Jitsu, between the two sides, or if it is very Jitsu, this can be an indication of the baby being stuck. As with this kind of tightness in the sacrum, by balancing the Kyo and Jitsu, it is often possible to change the baby's position during labour.

There is a relationship between the neck and the sacrum, both structurally and energetically. The sacral points are on the Bladder and so are the points on the back of the neck each side of the vertebrae. The Bladder begins at the inner corner of the eye and goes over the head to the neck. If the mother is experiencing pain in the sacrum and working directly on the points there seems too intense or uncomfortable, then working in the neck is a good alternative.

The shoulders are closely linked in with the head. Often tension from the head will manifest in the shoulders and vice versa. The side of the neck, top of the shoulder and around the shoulder blade relate to the Gall Bladder meridian – this is wood energy. There is a tendency for it to be Jitsu as out-of-balance wood energy often rises and gets stuck here. This is aggravated by the sedentary lifestyle of modern culture – especially sitting at a desk or driving. In labour, if women are leaning forward or using the all fours position, they may hold tension here.

In shiatsu, we consider that the shoulders are related to the hips – if the shoulders are tight, then so are the hips. The hips also relate to wood energy – the Gall Bladder meridian is the main meridian which passes through here. If the hips are too tight, or too loose, energy may not flow

well in second stage and the birth may be more difficult.

There is a close link between water and wood. In labour, the first stage is water energy and the

Box 6.3 Wood energy visualization – the tree

Sit and begin to breathe into your hara.

As you relax, begin to feel that your legs are like roots going down into the earth. Feel them burrowing through the earth and pushing further and further downwards. Feel the darkness and warmth and resistance of the earth. Feel the roots reaching right into the centre of the earth.

Stay with this connection for a while.

Now begin to feel that there is also a flow of energy moving up your body from your hara. Feel that your body is like the trunk of a tree, very solid and firm, connected downwards through the roots but with an energy spreading into the arms. Allow yourself to feel the strength and flexibility of the trunk. Feel the support.

After a while, feel energy rising out of the trunk into your arms and head. This is the energy of the branches and the leaves. Feel branches moving out and up. Feel the leaves uncurling. Feel movement in the leaves and branches, movement and lightness. Feel the air and space around you.

In labour, if you feel there is tightness in the upper body connect with the movement of the leaves. If you feel there is no energy moving down into the perineum, connect with the energy of the roots. If you feel indecisive, unclear, unfocused, focus on the energy of the trunk.

Box 6.4 Wood exercise – circling together

Sit on the floor facing your partner, have your legs apart. Try to keep your legs as straight as you comfortably can and place the soles of your feet against your partner's soles. Hold out your arms and hold each other's wrists. Spend some time breathing deeply and being aware of your partner's breathing. Then begin to do some circling movements, moving from your hips. Keep your legs, back and arms as straight as you can. Circle slowly to start with in one direction. Find a rhythm to the movement. Now reverse the direction of the movement. After a while slow the movement down and rest. Then one of you leans forwards, keeping their legs as straight as they comfortably can and so the other will lean back. Stay for a few breaths and relax. If the person leaning forward wants to go further then they can do so, but it is important that the person leaning back doesn't pull or force their partner to lean forwards. Then come to the centre and the other person goes back and their partner goes forward.

Do not do this exercise if you have pain in the pubic bone.

second stage is wood. Wood is related to strong physical downward movement and the delivery of the baby. From their element relationship, we say that water needs to moisten the wood – like watering a tree or plants. Water is essential for life and growth. If there is not much water, the tree will dry, and wither and die. It will become gnarled and tight. We can say that tightness in the neck and shoulders is a sign that water energy may not be flowing. By working water, wood can soften.

The throat is considered to be related to the cervix and the perineum. This is largely through the link with the whole digestive tract, which is seen as beginning with the mouth and ending with the anus and urethra. This is, in a large part, Governing Vessel and Conception Vessel energy. The starting and ending points of these meridians are on the perineum and around the mouth. It also links with metal energy – Lung and Large Intestine – the taking in of nutrients in the form of air and letting go at the other end in the form of body wastes.

Box 6.5 Exercise for the jaw and cervix

Clench your jaw and grit your teeth. Observe what happens to your breathing and also what you can feel in your perineum and vaginal area. Now open the jaw and make an aah sound. Now observe your breathing and your perineum.

What did you find? You should notice that as you relax your jaw and make an aah sound, you breathe out more deeply, and the perineum and vagina relax.

Basic techniques

The amount of pressure you use on the neck is going to be much less than you used on the sacrum. You can work close to the vertebrae but you need to check that there is no discomfort. People tend to love or hate their neck being worked – it is a more sensitive area than the lower back, so do get feedback about what feels good. Some people really do not like their necks being worked – you need to respect this.

Your body position for most of these techniques is facing the base of the neck. Make sure that you are comfortable.

Neck holds

Begin by generally relaxing the neck through cupping the base of the occiput with the 'web' of one hand, i.e. the area between your thumb and index finger. Place the other hand over the mother's forehead, being careful not to cover her eyes (Fig. 6.13). Gently use the mother hand (the hand on the forehead) to ease the head back on to the working hand. This gives a generalized pressure on the base of the skull.

Stroking

You may want to use light hand-over-hand stroking over the head and down the shoulders to move energy and relax.

Remember, slower stroking is more tonifying – to draw energy in. Faster strokes are more sedating – to take energy away.

Usually, there tends to be too much energy in the head, so you will find you tend to want to stroke down over the top of the head and over the shoulders.

Palm holds

Place the palm of one hand to cup over a Kyo point and the palm of the other hand to cup over a Jitsu point. Hold the two and focus on the energy shifting between the two.

Why? All of these are for relaxing the neck and freeing energy.



Figure 6.13 Neck hold. Note the mother hand on the forehead and the working hand on the base of the skull. The practitioner needs to remember to have the hara close to the head and their own shoulders relaxed.

More complex techniques

Meridian pathways

There are some specific meridians and points that are useful in the neck (Fig. 6.14). If you identify these pathways, then you can focus your palming or stroking along the one you feel most relevant.

All the following points are worked in a similar way, although the angle of pressure may change depending on where the point lies. Hold your thumb in the point, with your fingers of this hand resting where they are comfortable on the head. Place your mother hand on the forehead. Use your mother hand to guide the head into the working thumb or simply to provide some balancing pressure – remembering the principle of equal pressure between the two hands. Do this slowly, building up to maximum pressure. Repeat a few times and then repeat on the other side.

Bladder 10 (BL-10) To locate this, place your thumbs each side of the cervical vertebrae about 1.5 thumbwidths from the centre. Slide up to the base of the skull – you will find a hollow. It is on the side of the trapezius muscle about half an inch above the hairline in the slight depression about an inch to each side of the spinal groove.

Since the point lies under the occiput, then instead of a 90° angle, you need to angle so as to

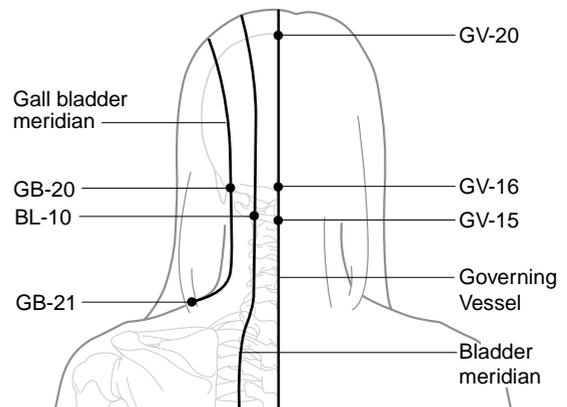


Figure 6.14 Points and meridian pathways of the neck. The pathways of the Bladder meridian, the Gall Bladder, Governing Vessel and the locations of the points BL-10, GV-15, GV-16, GV-20, GB-20 and GB-21.

‘hook’ under the bone (Fig. 6.15). Apply the pressure towards the mother hand to establish the two-hand connection.

Why? It is known as the ‘celestial pillar’. It clears the head, and is a useful point for occipital or vertical headaches. It can ease stiff necks and headaches. Because of its close relationship to the brain, it clears the brain, stimulates memory and concentration. It has a special effect on the eyes, helping to increase vision, and can clear nasal congestion. It can help with backache and wobbly legs which seem unable to support the body. It helps with water energy flow and therefore can be very calming and relaxing.

Governing Vessel 15 and 16 (GV-15/16) GV-16 is on the midline of the nape of the neck in the depression just below the external occipital protuberance (i.e. the bony prominence in the base of the skull). GV-15 is 0.5 thumbwidth below it – often between BL-10.

Work in the same way as BL-10, except angle your pressure directly in a 90° angle. You will find that you can’t apply as much pressure as with BL-10.

Why? Both these points affect Governing Vessel energy and benefit the neck and spine. They can gather the energy of the body at times of change or when the energy is stuck.

GV-15 clears the mind, stimulates speech and is indicated for heaviness of the head or loss of consciousness. GV-16 is said to nourish the brain and clear headaches.



Figure 6.15 Working BL-10. Note the mother hand on the forehead.

Gall Bladder 20 (GB-20) This is an inch above the hairline in the depression between the sterno-cleido-mastoid and the upper portion of the trapezius muscles. Locate BL-10, then slide up and slightly out until you come to a protrusion of the skull. The point lies just below and to the outside.

Work in the same way as BL-10, except that you need to angle the pressure in at 45°, i.e. diagonally, while also ‘hooking’ under the bone.

Why? This releases tension in the head, especially relating to headaches in the side of the head. It helps release tightness in the wood energy.

Five-point head hold technique If you are able to, stand in front of the mother so that her face is in front of you and you can place your fingers under her occiput, so that when you lean, her head and spine may extend. If you have to stand behind her, you will have to hold as many of the points as best you can.

Place your index fingers one on top of each other into GV-15, then place your middle fingers each side in BL-10, then your ring fingers in GB-20. Hook the fingers under the points and bring your palms onto the skull so that they are cupping it. Bring your thumbs one on top of each other onto the skull wherever they land. Your palms are the mother hand so you need a good connection with them. Gently lean your hara back and draw your hands towards you. This way you stimulate all five points at the same time (Fig. 6.16). Notice which are the most Kyo and



Figure 6.16 Five-point hold technique.

Jitsu – hold the Kyo and use more dispersing techniques for the Jitsu. To disperse while you are holding, you can go in a little quicker and sharper; you can also use gentle vibration movements with the thumbs/fingers.

Why? This was used traditionally by midwives in Japan and is still used today. It is a technique passed down from Ikuyo via Naoko. It frees the energy of all the important points at the base of the occiput. It can sometimes be more effective to work them all together.

Governing Vessel 20 (GV-20) This is right at the top of the head. To find it, place the heels of your hands on the anterior and posterior hairlines and extend the middle fingers towards each other. It is 1 thumbwidth anterior to where the middle fingers meet. You can also extend a line from the tip of each ear to the top of the head. The point is usually just in front of the crown of the head.

Place one thumb on top of the other on the point, and cup the head with the rest of your hand and fingers. The thumbs are the ‘working hand’ and the rest of the hand the ‘mother hand’ (Fig. 6.17). You can either focus on gentle pressure down the body, along the spine. Or you can focus on drawing the energy up – depending on what you need to do.

Why? It is the meeting point of all the Yang channels which carry Yang to the head, and therefore has the effect of clearing the mind and lifting the spirits. It also strengthens the ascending function



Figure 6.17 Working GV-20.

of the Spleen and is used for prolapse of internal organs such as the stomach, uterus, bladder, anus or vagina; it can also be used to revive an unconscious person. It has a powerful effect on either raising or lowering blood pressure, depending on whether your intention in using it is to send energy down the body, or draw energy up the body. At any time in labour, if the mother is exhausted or running out of energy, especially if you feel that she is ‘blanking out’, it can help draw her energy up. It can also be a point to promote relaxation at any stage of labour. You can focus with upward intention to help draw Yang energy up if the mother wants to bear down before she is ready, and it works well in conjunction with the GV drawing-up hold on pages 96–97. You can focus with downward intention to promote movement of Yang energy downwards in transition or during second or third stage.

Shoulder leaning

A good way of working the shoulders is with your forearms. This also provides an opportunity to rest your hands. You can either stand behind the mother or stand face to face, depending on her position, so that you can place your forearms over the top of the shoulders and lean in the direction of her spine down towards her feet (Fig. 6.18). You can do some stroking and rolling with forearms. This helps release the Jitsu.

Shoulder point not for use in pregnancy

Gall Bladder 21 (GB-21) This is in the hollow on top of the shoulder, straight up from the nipple when you are standing. It is in the highest point of the muscle on the shoulder. An accurate way is to measure from the seventh cervical vertebrae (GV-14) out along the neck. It is midway between here and the tip of the acromium process of the scapula (Fig. 6.19), at the crest of the trapezius muscle.

This can be incorporated in a shoulder massage which is relaxing for the woman in labour. You can place your thumbs directly in the points and lean down in the same way as for general shoulder relaxing.

Why? It is an extremely powerful point as it shifts energy quite dramatically. It is one of the



Figure 6.18 Leaning with forearms onto the shoulders. Note the position of the practitioner's body, the hara facing the head and shoulders relaxed.



Figure 6.19 Working GB-21.

points that should not be stimulated in pregnancy, except for induction, as it moves energy downward very strongly and can stimulate contractions. It therefore can be used for induction or at any stage of labour to stimulate downward movement of the baby or contractions. It can be used in third stage for helping to deliver retained placentas. It relaxes tension in the shoulder, neck and jaw. Some women enjoy this point for pain relief for hours in labour. It can also help with poor lactation.

Case study 6.2 Retained placenta, by a senior midwife

K was 41 weeks pregnant with her first baby. She had no past medical or gynaecological history and had practised yoga throughout her pregnancy. She had been considering acupuncture if she needed an induction of labour. She was admitted in strong labour, deemed to be in transition.

The first stage was spent at home and lasted only 4 h. She delivered within half an hour of admission. She opted for physiological management of the third stage and was waiting as she was not bleeding. One hour after the birth there was no sign that the placenta was going to be delivered. I attended then. After explaining to K about shiatsu, which she knew about, I proceeded to make contact with her body by moving the Ki from the Jitsu area which was in the heart region to the uterus which I felt was Kyo. I did this by palming with my left hand from the heart to the uterus. My right hand, the mother hand, was stationary on the uterus. My next approach was applying acupressure to the GB-21 point and LI-4. Almost immediately, she felt some strong contractions and the placenta and membranes were delivered complete by maternal effort 5 min later. K and her partner were very pleased with the outcome. The prospect of having a spinal anaesthetic for manual removal was avoided.

Personal reflection

A very satisfying outcome. K said that she would have been very disappointed if she had to be transferred to the operating theatre for a manual removal of the placenta under anaesthetic.

Case study 6.3 Labour shiatsu – home birth for a first baby – a community midwife

On arrival at P's flat, I found her in the bedroom, tensing up with the contractions and not coping very well. Her husband was trying to comfort her through his own obvious distress. I went directly over to her, dropping my bag at the door and proceeded to lay my hands on her shoulders (Gall Bladder 21). I verbally reassured her, calming her and encouraging her into a slow breathing rhythm. When the next contraction came and P looked as though she was becoming distressed, I gently leaned into the sacral points with my thumbs, breathing with P until the contraction had passed. As I listened to the information about the labour, I provided physical and emotional support, holding the sides of P's head, gently continuing the breathing in union with hers. The points at the back of the head, GB-20, BL-10 and GV-15, were soothing and energy giving as I gently worked over them.

I was thus able to get P to relax enough for examination and give myself a good idea of the strength and frequency of the contractions. As expected, P was in established labour and the cervix, effaced, was 4–5 cm dilated. My presence calmed her enough for her to draw on her own resources and she was coping beautifully

with the contractions. I felt that an hour in the bath would assist dilatation at this point and she was keen to try this. Her husband and I assisted her into the bath. I guided her through a couple of contractions and saw her melt in an endorphin state.

P was 8 cm dilated after the bath and a second midwife was found to bring the resuscitation equipment and provide support if needed for the birth.

P had tiny hips! The second stage of baby's descent to birth was thus assisted by innovative positions and many changes of these. I had to keep an eye on the baby's progress so I asked her partner to sit behind her on the toilet seat, supporting her for contractions and holding GB-21 to encourage descent. At 05.10 a healthy baby boy was born, screaming for a full 20 min. P was not even grazed by the birth.

I visited P postnatally and we were both delighted and grateful for the shiatsu, which made all the difference to this experience and was a very valuable and supportive tool for me as a midwife.

Case study 6.4 Induction of labour – midwife and partner working together – a hospital midwife

S was a 39-year-old gravida 4, para 3. She had an induction for both her first and second pregnancies. I saw her when she was 7 days post-dates and showed her some hara breathing, all fours and squatting positions, and taught her how to use GB-21. I spent probably about 10–15 min with her and then she went home. S told me that her husband had used GB-21 twice for 10 min each time. He then felt completely drained and went to sleep for one and half hours. Just after this time S started to have contractions. She went on to have a 4-h 20-min labour and gave birth to a baby boy of 4040 g, apgar 9 and 10. The placenta was delivered 15 min later – it was large and had an irregular edge with a retro-placental clot. The perineum was intact and blood loss was 500 ml. S was very pleased with the effect of her shiatsu.

Shoulder opening – three-point hold (from Ikuyo Hosaka)

Standing behind the mother, place your hands on the top of her shoulders. Place your index finger on the top around GB-21, your thumb round the back on the shoulder blade and your other fingers around the front where they feel comfortable (Fig. 6.20). As the mother breathes out, lean down with the index finger in GB-21 and ease the shoulder back onto the thumb.

Why? This is another traditional technique from Ikuyo. It is very powerful for releasing the shoulder and freeing wood energy.



Figure 6.20 Working the three-point shoulder hold.

Abdominal work

The abdomen is the energy of the hara. The hara in fact covers a larger area than what we consider to be the abdomen – its lower border is the pubic bone, its side borders are just along the anterior iliac spines and the upper border is under the ribs. You may be familiar with important energy centres in the hara such as Dantian – Conception Vessel 4 (CV-4). This point, 3 thumbwidths below the navel on the midline, is given great importance in most Eastern martial art and bodywork traditions.

In shiatsu, Masunaga (1977) developed the use of diagnostic areas for the 12 main meridians. There are in fact many traditions of using the hara for diagnosis of all energies in the body. In traditional acupuncture, like there are organ points along the Bladder meridian, there are also many important organ points on the Conception Vessel which runs along the midline of the body. Other important meridians which pass through the hara are: the Penetrating Vessel and Kidney meridians (which share the same pathways), the Stomach meridian, Girdle Vessel, Heart–Uterus and Kidney–Uterus.

The lower hara is considered to be especially important. It represents the deepest energy of the body related to original Ki and Essence. GV-4 on the back between the second and third lumbar vertebrae, the Ming Men, is considered to be the source of all energy in the body and its action is said to move towards the front and affect the energy of the hara.

Work on the hara strongly and directly affects all the abdominal organs, including the uterus. In pregnancy, this includes the fetus and the placenta. The hara helps the mother make emotional connections with her baby – prenatal bonding; it also helps to calm the baby and is useful in cases of fetal distress in labour.

As the hara is the physical centre of the body and the centre is said to represent earth energy, we can say that it is linked with earth energy as well as with that of the extraordinary vessels. Without earth, there is no place for the other energies to be grounded. Earth provides the link between our Essence, our constitutional energy, and our Ki, our day-to-day energy, through the link with food Ki.

The Yin meridians of Spleen, Liver and Kidney all pass through and dominate the energy of the lower abdomen. These are all important in labour.

It is therefore of vital importance to ensure the smooth flow of energy through the hara. This can tend to get blocked in pregnancy as the baby physically grows bigger. Breathing will help with this energy flow, as will gentle holding techniques. There are some simple techniques that are useful to show to the parents as they provide a way of linking them directly with their baby.

Box 6.6 Earth visualization

This can be done either sitting, squatting or in all fours. It is useful to do this in pregnancy, especially in the first trimester, as the energy of the baby is settling in the uterus.

Breathe deeply into your hara and relax with each out-breath.

As you breathe out, begin to focus on the point CV-4, Dantian, 3 thumbwidths below the navel. First of all be aware of the surface of the point, the skin and the flesh, and the movement in with the out-breath and out with the in-breath.

After a while, gradually begin to allow your attention to go deeper inside your body to the centre. Be aware of the colours and sensations you feel as you do this.

After a while, imagine that you are surrounded by earth in a way that feels supportive. It is nourishing you. You are like a seed in the earth, able to grow and develop. Be aware of the browns and oranges of the earth.

Be aware of your navel and feel the umbilical cord connecting you with your mother.

Be aware of the energetic connection of earth mothering energy (rather than your physical mother).

After a while ease out of these connections and be aware of your body as it is now and its connection with the ground where you are in this moment.

When you are ready, open your eyes.

Box 6.7 Earth exercise – the squat with partner

Most women need to practise the squat, as although it is instinctive, most of us have forgotten how to use our bodies in this way. It is best to begin in the second trimester when the pregnancy is established and should not be done if there is any bleeding. It is not advisable to do this if the baby is breech or if you have symphysis pubis diastasis. Do not stay in the position if you have varicose veins. There is debate over deep squatting in the last trimester (Sutton & Scott 1996) but if the baby is anterior cephalic and the mother is comfortable, I find that it is fine to continue. If the baby is transverse or oblique it is usually uncomfortable. If the baby is posterior, small amounts of squatting combined with more emphasis on all fours is fine. The benefits of the squat, on opening the hips and strengthening the pelvic floor and muscles of the legs and back, make it worth continuing in smaller amounts. The main guidance for any of the exercises for mother or midwife is if it is uncomfortable in any way, do not continue.

Stand and face a partner with your arms outstretched. Have your feet a little wider than hip width apart, although at any point of the exercise, change your foot position if it feels uncomfortable. Hold each other's hands at the wrists. Make sure that you are standing upright and not leaning backwards. Close your eyes and be aware of each other's breathing. After a while open your eyes and begin to do some swaying movements from side to side. When you feel confident with these, do some circling movements. Be aware of how you support each other's weight. When you are ready, come back to resting once more.

Then as you both breathe out, sink down into the full squatting position (Fig. 6.21). You should find this much easier to do than squatting on your own. Make sure that your arms are fully extended. Position your feet so that your weight is in the centre of the foot and you are not putting strain on your ankles. Stay in this position as long as you feel comfortable. As you stay in this position feel the connection of your feet with the floor. Be aware of the earth beneath you.

When you are ready, as you both breathe out, come back to standing once more.



Figure 6.21 Squatting with a partner.

Basic techniques

General abdominal pressures

You can do this with the mother in a variety of different positions. The most helpful position for labour is in all fours. She could also be in the left lateral position or even standing. You need to make sure that you are in a position where you are comfortable and your hara is close to the mother (Fig. 6.22).

Begin by placing one hand on the mother's abdomen and one hand on her lower back; how high up or low down you have this depends on the most comfortable place for the mother. Having the hand on the lower back tends to allow the mother to feel less invaded, more supported and to experience a connection which is deep inside her body from front to back. Just allow your hands to mould to the shape of the mother's body and to rest there for a while. Feel the connection between your two hands and feel the movement of the mother's breathing, drawing your hands gently together as she breathes out and gently pushing them away as she breathes in. This is very much like the hara breathing exercise (page 75) – but doing it with someone else. After a while, begin to apply gentle pressure as the mother breathes out, by drawing your two hands together. As the mother breathes in, feel your hands being pushed



Figure 6.22 General abdominal pressure, with the mother hand on the back and the working hand on the abdomen. Note that the working hand needs to move up to the mother hand and the angle of pressure into the body needs to be at 90°. The practitioner needs to have their shoulders relaxed and their hara close to the mother's body.

away and release the pressure, but keep the contact. Be aware of the baby in the womb. Connect with how much pressure feels appropriate. Make sure that the pressure is going in at 90° to the mother's body – your hand should not feel like it is dragging up or down on the abdomen, simply going inwards.

You can work different places on the front by moving the hand. Begin by sliding the hand round, as though you're moving one or two hours in a clockwise direction round the abdomen. On the new place, repeat the pressure. Remember that the amount of pressure will vary from place to place. You may also find that some places really draw you in and you want to stay for longer – these are the Kyo areas. Other places may feel firmer and push you away so that you may only want to stay for a few out-breaths. These are the Jitsu areas. It is important to work in a clockwise direction to follow the movement of the intestines. Keep the hand on the sacrum/lower back stable; this is the mother hand.

You can also intersperse some clockwise stroking movements on the abdomen with these pressures. This is more dispersing, although you can do it slowly with the focus of calming, in which case it is more tonifying.

Why? It helps the mother to connect with her breathing and to breathe deeper. It helps to bring the focus on to the baby as opposed to the pain. It can help to calm the baby.

Obviously, there may well be times in labour when the mother doesn't want any contact with her abdomen, and for some women this could be throughout labour. However, some women do appreciate the holding on the abdomen. This is a simple useful exercise to show partners and helps both mother and father connect more with their baby. In this case, you can get the partner to focus not only on Kyo and Jitsu – in an antenatal class I wouldn't mention these terms – but also to be aware of the baby's body and how the baby is responding to the touch.

Kidney–Uterus

Similar to the above, but this time, place your hand on the back over one of the mother's kidneys. Visualize energy from the kidney moving through into the hara. Feel a strong connection with this

hand. You can move the hand over the abdomen as before, connecting with the uterus and the baby. You can then move on to placing your mother hand over the other kidney and repeating.

Why? It gives a more specific focus to the hara work – focusing on the Kidney which relates to sending Essence to the Uterus. It can be especially helpful at times when the mother is completely exhausted, or when the contractions seem to be ineffective, at any stage of labour. It is also a very useful technique for calming a distressed baby.

Girdle Vessel

Stand behind the mother, with your hara close against her back. Your hara is going to act like the mother hand. Place your two hands one on top of the other over the abdomen, with the little finger sides over the top edge of the pubic bone and your palms cupping over the lower hara (Fig. 6.23A). You can check where it feels most comfortable. Stay for a little while, applying gentle pressures as in the general abdominal work, remembering to have the pressure going at 90° directly into the mother's body, which is going to be drawing your hands inwards to your hara. After a while, as the mother breathes out, gently draw your hands in a firm stroking movement, from the front to the back of her body, passing around her hips and ending up at about the level of the second to third

lumbar vertebra (Fig. 6.23B and C). Focus your attention on the inside of her body as well as the outside, so that a deep connection is made. Rest your hands on her back to finish.

From the finishing position, do the reverse. Slide your hands from back to front.

Some mothers are clear that they prefer the movement in one way only, others like both directions. If you are able to get a sense of whether it is the back or the hara that feels more Kyo or Jitsu, then you will find that you need to move from the Jitsu to the Kyo.

For women with symphysis pubis diastasis, it is usually best to draw the energy to the pubis as there is often a lack of energy here. However, as this is not a strong opening technique (like the sacral opening), then it can also be used the other way if there is too much energy in the front.

Why? As the Girdle Vessel is about linking from front to back, it can help to balance the two. It can be useful if the mother has strong backache where you feel she is holding on to tension and the energy is low in the uterus, so that it is not dilating. This is often the pattern if the baby is stuck, in either first or second stage, in an awkward position, e.g. posterior or asynclitic. By moving the energy from front to back, you can free the baby to move. The Girdle Vessel is closely related to wood energy (via its connections with

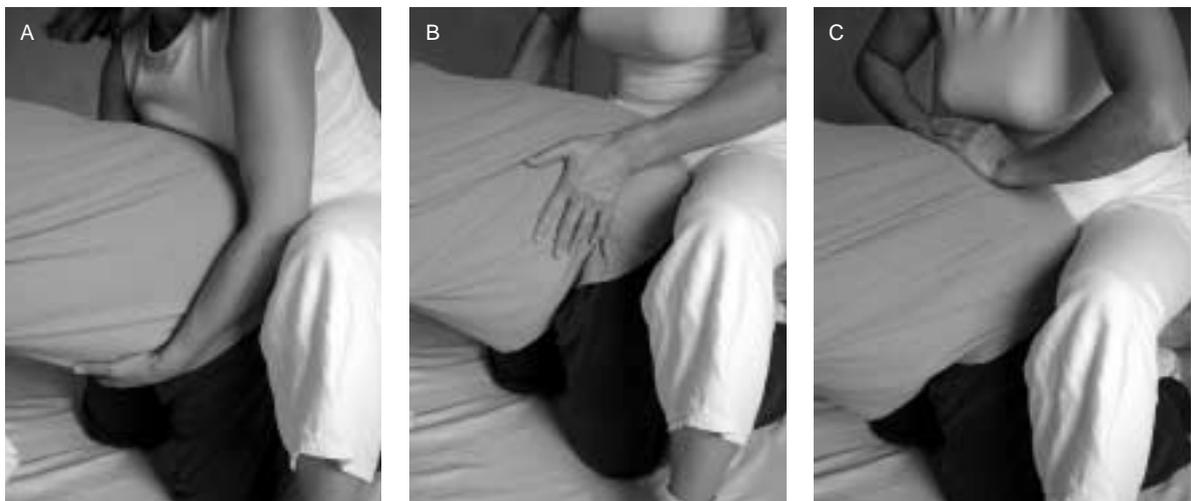


Figure 6.23 A, B, C: Stroking the Girdle Vessel meridian. Note the partner's hara, which is close to the mother's back, even leaning onto her back. The shoulders need to be relaxed.

the Liver and Gall Bladder meridians) which needs to flow in second stage and so can help with uncoordinated contractions in either first or second stage or at any time when you feel energy is blocked in some way in the pelvis. Linked with the Spleen, Liver and Kidney energies, it is a good linking meridian to support the deep abdominal muscles and uterine ligaments. It can be useful for supporting a mother who has a weak symphysis pubis or sacro-iliac joint. It can also help focus second-stage contractions. It can be very calming for mother and baby as it is working to balance deep energies in the body.

Connecting CV and GV through their lower pathways

This is easiest to do in a position where you can reach both the front and back of the mother – such as all fours, standing, side lying. Place either the little finger side of one hand, or your middle finger tip on CV-2, which is in the centre of the pubic bone along the top border. Place the middle finger tip of your other hand over GV-2, which is at the top of the coccyx where it joins the sacrum (Fig. 6.24). Let the palm of this hand act as the mother hand on the sacrum. Get a sense of which tsubo feels more Kyo and which more Jitsu.



Figure 6.24 Connecting the Conception and Governing Vessels through their lower pathways. The focus needs to be on feeling the connection between the two hands.

Then focus your attention on the connection between the two which passes through the anus, through the centre of the perineum and up to the pubic bone. Imagine a pathway of energy flowing along this line from the Jitsu point to the Kyo point. Stay holding in this way until you feel warmth spreading along the line, or you feel the Kyo and the Jitsu evening out.

Why? This connects the lower pathways of the Governing Vessel and Conception Vessel and thus the perineum. Mothers often find that direct touch on the perineum in labour can feel invasive. For mothers who may have experienced sexual abuse, it may even be traumatic and this may be a reason why energy is not flowing here. Many women are disconnected from their perineums. This technique offers a safe, gentle way of getting energy to flow along here and can be especially useful in second stage for helping the mother to focus her energy onto the perineum.

More complex techniques

There are various points in the hara which can be worked. The mother can be in any position. Place your mother hand either on her lower back or on her abdomen, whichever is more comfortable. To make a more general connection with the points, you can use the palm of the working hand. To make a more specific connection use the thumb pad of the working hand (Fig. 6.25). If you apply



Figure 6.25 Using thumb pressures to work the upper part of the Conception Vessel. Note the mother hand on the lower hara and the working thumb which is supported by the rest of the hand.

all the basic principles, this work can be very powerful and feel relaxing. It is extremely important, more than anywhere else in the body, to work with the mother's out-breath and to increase the pressure gradually. The pressure can be very light so that you make more of an energetic connection. It may, however, feel appropriate to go in deeply – but of course you need to do this gradually, getting very good feedback from the mother. Often, people are quite scared of working on the abdomen, but it is safe if done properly. If you have any doubts, of course it is best to work too lightly than too deeply but you may be surprised how deep is comfortable. Think of how deeply you go in when you are palpating the baby – and sometimes this isn't all that comfortable for the mother.

Place either the palm or the thumb pad of your working hand on the relevant point and rest the fingers on the abdomen as support. As the mother breathes out, gradually increase thumb/palm pressure as much as is comfortable (remembering to increase pressure with the mother hand while you do this) and hold it until she breathes in again. Allow the movement of her abdomen to gradually push away the thumb as she breathes out, but remain in contact. Get a sense if the point is Kyo or Jitsu. If it is Kyo, then repeat this until you feel more energy coming into the point. If it is Jitsu, you could include a small circling or vibration movement as you work with the pressure.

The other way of working these points is to have two thumbs one on top of each other, and spread the rest of the hands on the abdomen to give support as mother hands. Work in the same way as before.

Use whichever way feels most comfortable for the mother.

Why? All the points are on the lower part of the Conception Vessel and relate closely to original Ki, Essence, the Uterus, Spleen, Liver and Kidney energy. They are good for exhaustion and depletion of these energies, and for helping energy to flow in the lower abdomen, including the lower burner; they can thus be useful at all stages of labour. They can all regulate uterine bleeding, ease pain in the uterus and lower abdomen, aid conception, expel a retained placenta and ease swelling of the cervix. They support bladder function, particularly retention of urine.

The points CV-3, CV-4 and CV-5

CV-3 is 4 thumbwidths below the navel on the midline (Fig. 6.26). It is an important point for regulating the Bladder. CV-4 is 3 thumbwidths below the navel on the midline (Fig. 6.26). Some traditions consider this to be one of the most important points in the body; one of its names is also Ming Men, indicating its close relationship with GV-4. It is especially powerful for benefiting the Essence and promoting fertility, and is said to be particularly calming when there is deep fear.

CV-5 is 2 thumbwidths below the navel on the midline (Fig. 6.26). This tends to be more important for regulating heat, as it is an important point for regulating the three burners/Triple Heater.

Any point along the midline of the front of the body can be worked as illustrated.

Other points (Fig. 6.26)

Zigong (Uterus point) is 3 thumbwidths lateral to CV-3. This promotes fertility, regulates Ki and stops pain; it is used for infertility and prolapse of the uterus.

Baomen (door of uterus) and Zihu (door of baby) are both 2 thumbwidths lateral to CV-4. Baomen is on the left and Zihu on the right. They are used for infertility, threatened miscarriage, retained placenta, difficult childbirth.

Legs and feet

The energy of the 12 meridians extends into the arms and legs. The Eastern view of the body is that the further points are away from the centre, the deeper their effect on the organs. Most acupuncturists tend to insert far more points around the wrists or feet. This fits in with the traditions of reflexology which consider that the whole body's energy is reflected in the feet. Many of the points for induction are around the feet, reflecting this deep internal connection. There is a grounding connection which is to do with earth and wood energy, and working with the feet can be a useful way of drawing energy down in labour. If there is too much energy in the neck and shoulders (Jitsu), you need to work the most Kyo

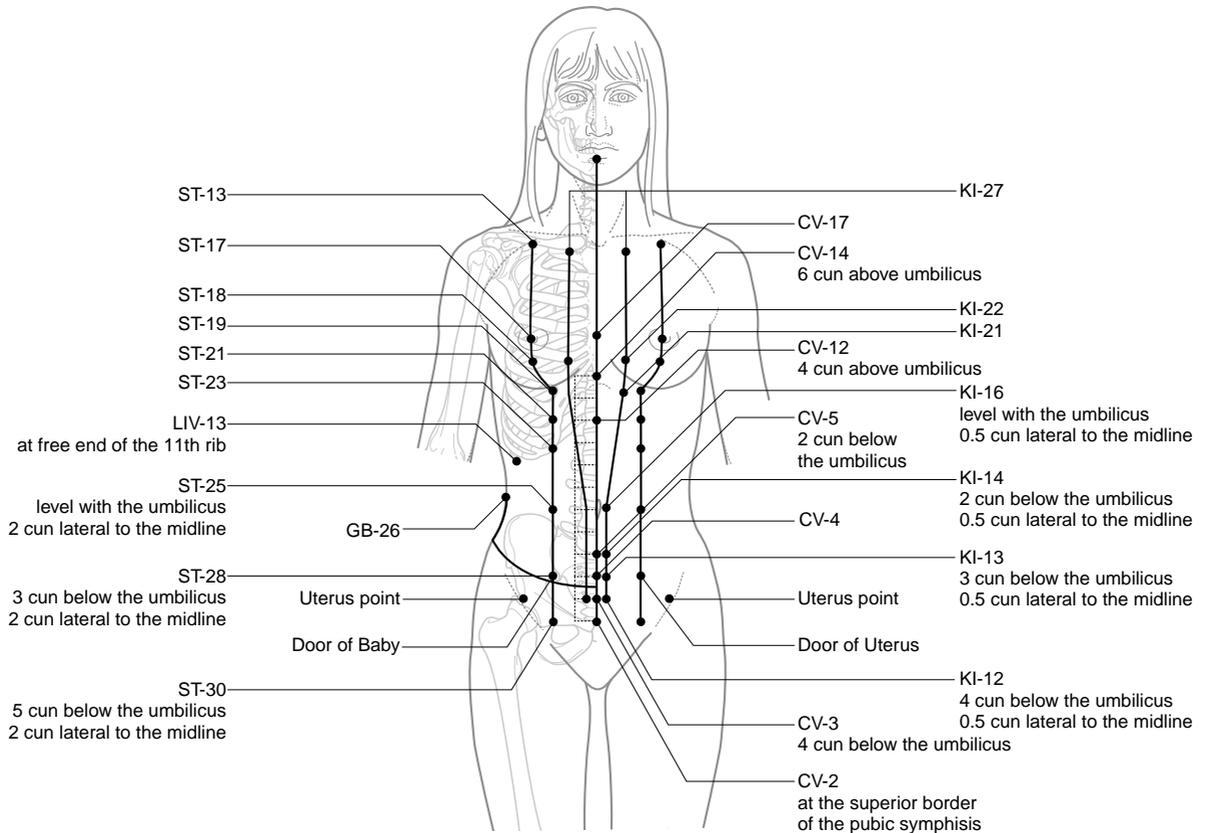


Figure 6.26 The hara – the main meridians, Conception Vessel (CV), Penetrating Vessel (PV) and Kidney (KI) and the main points, CV-3, CV-4, CV-5, Uterus point (three thumbwidths lateral to CV-3), door of the uterus and door of the baby (two thumbwidths lateral to CV-4) and ST-30.

part of the body, which is often the legs, to draw this energy down. Legs may get wobbly or shivery in labour, indicating that this basic body support system is having to do a lot of work to keep the body going.

Box 6.8 Exercise

Clench your toes. Feel what happens to your breathing and also to your pelvis.

Allow the toes to relax and feel the difference.

In Japan, in the last few weeks of pregnancy, women walk around with a little gadget between their toes to allow the energy to open up and flow. It is rather like what we use to open the toes to put on nail varnish. Another alternative is to put your fingers between your toes and wiggle them around. For a heavily pregnant mother this is quite difficult to do herself, so her partner could be involved. If the partner wants to get really intimate, they can suck the mother's toes.

Basic techniques

Meridian stroking technique

The mother can be standing or kneeling, leaning over the back of a chair. Start with one hand at the top of the outside leg and one hand at the inside of the ankle (Fig. 6.27).

Vigorously stroke the hand at the top down the outside of the leg, while at the same time moving the hand at the ankle up the inside of the leg.

Keep the movement flowing while you lightly move the hand which is now at the bottom, and the hand which is now at the top, back to where they started.

This technique can be done quite vigorously, provided there are no areas of varicose veins. It is an invigorating technique, good for stimulating circulation in the legs, as well as working on



Figure 6.27 Meridian stroking of the legs.

moving all the meridian energy. It can also be done lightly.

Why? This stimulates all the meridians in the legs and focuses on their direction in the traditional meridian system. It can be very useful during labour itself if the mother is feeling tired, and particularly if her legs are feeling wobbly.

Caution: don't work directly over areas of varicose veins.

Palming the Bladder meridian in the legs

The previous technique is more dispersing. Palming is a more tonifying technique.

Place the mother hand on the mother's sacrum, and with your other hand palm down the centre of the back of the mother's legs, staying on each point for as long as you feel you need to (Fig. 6.28). When you get to the knee, you may need to move the mother hand to the knee so that you can palm down the lower leg. You can follow this by working with the thumbpad in specific points. Finish by holding the foot, allowing the energy to settle.

Why? You are working the Bladder meridian. Energy flow often gets stuck here which affects the ability of the legs to support the body. This work will relieve pain down the back of the legs, whether related to the calf or thigh, or stemming

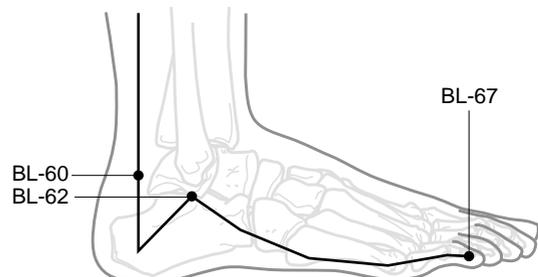
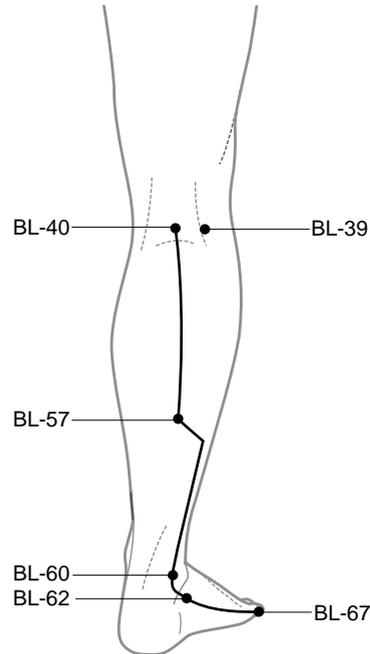


Figure 6.28 The Bladder meridian and points in the back of the leg.

from the back such as sciatica. Bladder relates to fear and palming the meridian in the legs can help with grounding and calming.

More complex techniques (and specific points)

Bladder 39 and 40 (BL-39 and BL-40)

BL-40 lies in the back of the knee in the popliteal crease in a depression between the tendons of the muscles of biceps femoris and semitendinosus. BL-39 is to the lateral side of BL-40 and in the depression medial to biceps femoris (Fig. 6.28).



Figure 6.29 Working a specific point – note the position of the mother hand around the foot to give support to the working thumb, in this case on LV-3.

Both of these points are useful for difficulty with urination. They can be used in pregnancy as well as during labour and postnatally.

Bladder 57 (BL-57)

BL-57 (Fig. 6.28) lies midway between BL-40 and BL-60 (which is between the outer tip of the ankle bone and the achilles tendon) in the depression below the bellies of the gastrocnemius. It relaxes the calf and heel and also helps to treat haemorrhoids.

Other specific points which may be used in labour

When you are deciding to focus on a specific point, place your thumb in it and support this working thumb with the fingers of the hand (Fig. 6.29). Find a place to put the mother hand which is fairly close to the point you are working, and give support with it while working the point.

Points which may be used in pregnancy as well as labour

Why? All of these points potentially have an effect on pain relief in labour as well as other specific uses which are indicated with the point description.

Bladder 67 (BL-67)

This is on the lateral side of the base of the little toe nail. It has the effect of promoting downward movement of the head of the fetus, especially

when followed by BL-60 (Fig. 6.28). This is the point that is used to turn breech babies (usually with moxa, a Chinese herb). Warming techniques are also effective to use. Rub the point as well as holding it. A good time to start is from 32 weeks. The mother can work it herself as often as she can, but only while she knows the baby is breech. If the baby turns and the point is worked again, it may turn the baby back.

Case study 6.5 Turning a breech baby – a community midwife

W attended my parentcraft classes at work. When she was 36 weeks pregnant it was confirmed that the baby was in breech. The doctors had recommended that she have an external cephalic version (ECV) to turn the baby and a date was to be booked for 2 weeks hence. As ECV is not without risks and not always effective anyway, I talked to the class about alternative methods, in particular shiatsu and moxibustion. I knelt before W and held her feet, awaiting her breathing to slow and the initial contact to be comfortable. Then I pinpointed BL-67. The baby immediately became very active and of course, the class was impressed! I did not have time to continue during the class but I suggested that she explain to her partner and see what happens at home.

A week later, W was attending my clinic. I saw that the baby was breech and spent a longer time working on BL-67 and BL-60. I also demonstrated with W several exercises associated with shiatsu, especially rocking and stretching the spine in a relaxed position. W telephoned me to say the baby had turned and when she went to the hospital to see the doctors, they were pleased to inform her that they could recommend she continue for a normal delivery.

W saw me each week at the clinic and continued to carry out the exercise, resulting in a normal delivery of a healthy infant at full term.

Kidney 1 (KI-1)

It is just below the centre of the ball of the foot, in a depression formed when the foot is plantar flexed (Fig. 6.30).

This point is known as the bubbling spring and is the only point on the sole of the foot – thus it is the lowest point on the body. As the lowest point, it links in to earth energy and is said to help the body absorb the Yin energy of the earth. In this respect it is a very calming point. As the first point of the Kidney channel, it has an effect on the whole Kidney meridian and is especially useful for drawing Kidney energy down. It can also be good in cases of exhaustion. It is the wood point

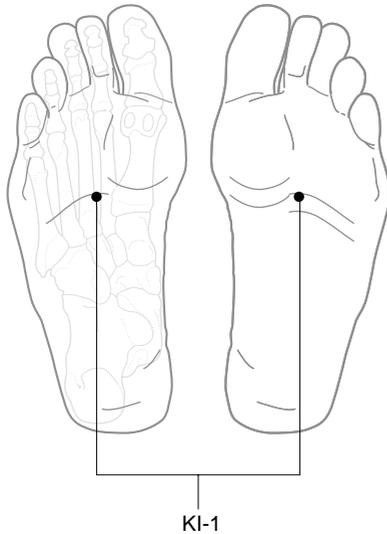


Figure 6.30 KI-1 point in the foot.

on the Kidney channel and therefore is helpful for balancing water and wood energies – the two main energies involved in labour.

Gall Bladder 34 (GB-34)

This lies close to Stomach 36 (ST-36). It is below the outside of the knee in the depression about 1 thumbwidth below and to the front of the head of the fibula (Fig. 6.31). It is a little bit above and to the outside of ST-36.

It is known as the ‘Gathering point of the sinews’, and one of its effects is to help dilate a scarred or tight cervix.

Stomach 36 (ST-36)

This lies in the groove beside the shin bone, one fingerwidth below the knob at the top of the shinbone, i.e. the anterior crest of the tibia (Fig. 6.31). To find it, locate GB-34 first and it is one thumbwidth below that point and one fingerwidth lateral to the anterior crest of the tibia. You can also slide your thumb against the tibia from below the knee. Where it stops, i.e. just below the crest of the tibia, is the point.

It has a strong effect on tonifying Ki and nourishing Blood and Yin energy. It can be used in almost any case of exhaustion or stuck energy. It balances earth energy and is grounding and settling. It is not an exaggeration to say that this is one

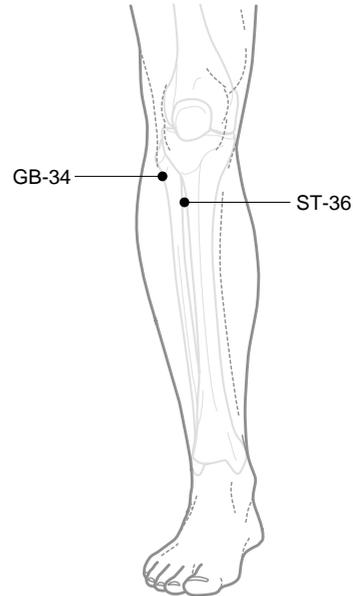


Figure 6.31 Points GB-34 and ST-36.

of the most important points in the body and can be useful for almost anything. Indeed, Qin Cheng-zu of the Song dynasty wrote nearly a thousand years ago that by using it ‘all diseases can be treated’.

Along with BL-60, this point helps relax the vaginal area which is good for pain relief and aids dilation. Care must be taken to check that it isn’t shortening the length of the contractions, and other points should be chosen if this is the case.

Leg points which are contraindicated in pregnancy

Bladder 60, Spleen 6, Liver 3 All of these three points may be good for strengthening contractions, either for inducing or augmenting labour and discharging the placenta. They should not be used in pregnancy, except for induction, as they could over-stimulate the uterus. Having said that, many Japanese midwives and shiatsu practitioners do use them, especially Spleen 6, during the last few weeks of pregnancy to prepare a mother for going into labour. I never used to use them until at least term plus one, but in the past few years have used them from about 38 weeks in moderation, as I find they help focus the mother’s energy on labour and can ease those niggly aches and pains of the last few weeks. To induce labour they tend to have to be worked quite vigorously.

Do bear in mind that each person is going to respond differently to the different points – some may cause a mother to feel a contraction almost instantaneously, others may need to be worked for at least 3–4 min for any effect, others may have no effect at all. It depends also on how far away the woman is from going into labour. The points can only focus the energy which is there. I often find that the women who don't respond to the points, don't respond to prostaglandins or low doses of syntocinon either. In labour they can also be good for pain relief as they allow the energy of the uterus to flow – but you need to be careful that they are not over-stimulating contractions.

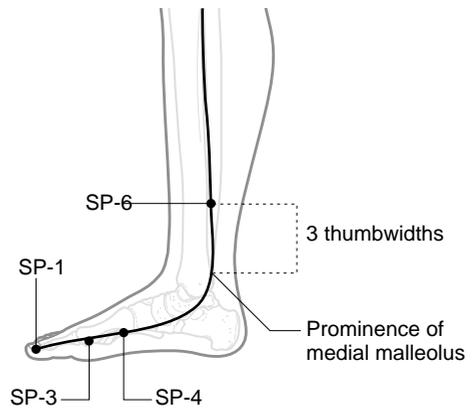


Figure 6.32 Points SP-6 and SP-1.

Case study 6.6 Labour shiatsu – induction – a community midwife

F was sitting on the antenatal ward at 9.00 am. She was overdue and agreed to have an induction. She had been contracting very mildly and irregularly overnight. On examination she had a Bishop Score of 7 and was therefore suitable for an artificial rupture of membranes. F was keen to have the baby born and agreed to transfer to a labour room for this to be carried out. The monitoring of the baby's heart was commenced and showed a normal trace. However, when the waters were broken it was noted that there was light meconium present. This can be a sign of fetal distress but is also common with overdue babies. The doctors were informed and agreed to allow labour to progress with monitoring and would review a need to augment if progress was slow.

F was now contracting 2 every 10 min and the baby's head was high. Using shiatsu with her consent I concentrated on GB-21 to encourage descent of the presenting part. To alleviate anxiety I worked on GB-20 and BL-10 on her head. She was very receptive and particularly commented on a surge of energy when GV-15 was worked on. I encouraged F to breathe slowly, out into the abdomen. Although we had to monitor the baby, F was able to sit out onto a birthing ball, suitably covered, and I was able to get to GB-34 and LV-3 whilst working on her legs and feet. She had oedema on her feet so I used a gentle stroking technique in these areas (this was to encourage contractions) and by 1.00 pm she was contracting 3 every 10 min and the contractions were strong.

By 2.00 pm F was anxious and distressed and demanding pain relief. With support using shiatsu, F got through this transitional period and delivered her baby at 4.46 pm with a minimal blood loss.

All support given during labour has proved very effective, so much so that the doctors have made a point of asking me not to use shiatsu in their studies into inductions as they believe in the effectiveness of my work!

What was striking in these cases was the ease with which the baby went to the breast and the subsequent total contentment of the baby.

F expressed her appreciation of shiatsu for childbirth.

Bladder 60 This lies between the posterior border of the external malleolus and the medial aspect of tendo calcaneus, at the same level as the tip of malleolus, i.e. in the hollow midway between the knob of the ankle bone on the outside of the ankle and Achilles tendon (Fig. 6.28).

This point is the fire point on the Bladder meridian and has the useful effect of clearing heat and excess energy, especially from the head. Because of its relationship with the Heart, it can be used for pain in the heart both physically and emotionally and can calm an anxious woman in labour. It activates the whole length of the Bladder meridian and can ease tightness in the head, spine and legs. It has a strong downward effect and so is very useful for inducing and augmenting labour and for the expulsion of the placenta.

Spleen 6 and Liver 3 These can be incorporated in foot and ankle massage. They help speed the birth of the baby.

Spleen 6 (SP-6) Place the tip of your little finger on top of the inside ankle bone of the opposite leg, fingers pointing to the front of the leg. SP-6 lies beneath the second joint of the forefinger, under the shin, i.e. 3 cun above the tip of the medial malleolus just posterior to the tibial border (Fig. 6.32). To work the point, you need to hook up and under the bone.

This is an important point for maternity applications as well as digestive, sexual, urinary problems and emotional balancing. Although it is on the Spleen meridian, it is where Spleen meets

Liver and Kidney and so affects all these energies, i.e. earth, wood and water. All three are important in labour. It has extremely wide applications and can be used for anything to do with deficiency of Ki, Blood, Yin, Yang or Kidney Essence, failure of Spleen Ki to hold the blood in the vessels, too much Ki, Blood or dampness. It really is worth trying at any stage of labour, including induction. It can help change fetal position and is useful for regulating uterine bleeding.

Liver 3 (LV-3) This is on top of the foot between the first and second toes, i.e. between the first and second metatarsal bones, 1.5 or 2 cun proximal to the margin of the web (Fig. 6.32). Place your finger on the space between the two bones and slide towards the ankle. It is in the depression before the junction of the bases of the first and second metatarsals. To work this point, you need to angle straight down towards the sole of the foot.

This point is very good for clearing wood energy – both by bringing more energy into the Liver or taking excess energy away. The emotion associated with wood is anger and when any emotions are suppressed then it is wood energy that gets stuck. It can help women release suppressed emotions and feel more in touch with what they are feeling in labour. Suppressed emotions are often what block the movement from first to second stage. It can therefore be a good point for transition. It can help draw energy down from where wood energy tends to get stuck in the shoulders and so is helpful for headaches. It is often useful if the mother finds the neck and shoulder points too intense. This point has an anti-spasmodic effect on the cervix, so it is useful in cases where the cervix is tense and not dilating with contractions.

Case study 6.7 Shiatsu for labour – a community midwife

I was called in to care for a client on the labour ward. She had arrived to be induced as she was 2 weeks post-dates. This was her first pregnancy and she was anxious, though accompanied by her supportive partner. She was 19 years old and did not know about shiatsu, which I explained to her as a form of finger-pressure acupuncture, similar to massage. She agreed to my using this as appropriate.

On examination at 0900 she had a Bishops Score of 7 and was therefore suitable for artificial rupture of membranes rather than prostaglandin gel. There was meconium grade I liquor present and the head was –3 to the ischial spines. She was not contracting for the first hour.

Initially I used the point GB-21 on the shoulder to encourage the head to engage fully, descending to a point where contractions may be encouraged. She began to contract 2:10 mildly.

I then asked her to sit out of the bed, using points GB-20 and B-10, supporting her forehead with the 'mother hand'. I did this as she was extremely anxious and I needed to encourage her to relax and mobilize. In fact, her contractions became 3:10 moderate strength and she closed her eyes and appeared to be very calm and resting, which surprised the registrar when he called later to see if she needed further augmentation.

After 2 h she said she was exhausted and appeared to become distressed. I used Governing Vessel 20 on the top of her head to help her to energize. This, together with deep breathing out into the abdomen, worked for a further 2 h. I left the room to compute notes of her admission, etc., and have a tea, leaving her with her partner. When I returned she was in tears, asking for pain relief. I explained the alternatives, examined her,

finding she was 6 cm dilated. We agreed to a Pethidine injection as I felt this would be enough to offset her immediate distress and would wear off before the second stage. This was done effectively. I stayed with her from this point, using the points Spleen 6 on the ankle, Liver 3 near the big toe to encourage labour, as contractions were slackening, and Large Intestine 4 on the thumb to offset nausea. She was also oedematous on her feet and legs and I used gentle stroking technique towards the knee.

Her baby was born at 4.46 pm by spontaneous vaginal delivery. I gave her syntometrine intramuscular injection to encourage separation of the placenta as she and her partner insisted on it – all her friends had had it. The estimated blood loss was 100 ml and she breastfed her baby immediately on delivery. No suturing was required.

On the postnatal ward I enquired as to whether she found the shiatsu helpful. She said she had, and her partner was impressed.

The medical staff and my colleagues noted that this had taken place and were amazed at the initial impact of shiatsu.

I was confident in the favourable outcome of this method of support and extremely proud that others had witnessed it. I realized that I should have had more success if I had involved her partner more in the use of shiatsu and resolved to do this on future occasions.

I hope now to introduce the theory of shiatsu to antenatal women, particularly at booking and then at parentcraft when hopefully partners will be present. I will keep records of its use and inform colleagues at a suitable midwife forum.

Arms and hands

The arms, like the legs and feet, represent the extension of energy outwards and points around the hands have a deep internal effect. While we could say that the legs relate more to earth energy of grounding, the arms relate more to the fire element and its energy of communication and connecting with others. When there is sudden shock or trauma, fire energy may get out of balance and working with it can help calm anxiety and panic. The arms also relate to the taking in of air energy through the Lungs. The ability to breathe deeply is important in labour.

Box 6.9 Lung visualization – baby breathing

This is a useful exercise for mothers to do both in pregnancy and labour. Breathe out into the hara/abdomen. Feel the movement of the breath as you breathe out and in (like the hara breathing). Gradually be more aware of your baby in your womb and feel the breath surrounding your baby's body. With each out-breath, feel the space around your baby's body. After a while, feel your breath moving within your baby's body. Be aware of how your breath is supporting your baby. Be aware of oxygen flowing in your baby's blood. Be more aware of your baby's body as separate from you but nourished by you. Now begin to be aware of your body from your baby's perspective – surrounding their body, being a limit for their movements, a boundary around them. After a while, be more aware of the movement of your breath in your body, the rise and fall of your abdomen. Place your hands over your abdomen and be aware of your baby.

Cervix breathing

In labour only, the mother can focus the movement of breath going down into the cervix and opening it up with each breath.

Often the mother does not want her arms worked on in labour because she tends to be more curled around or leaning over – going inwards and protecting herself physically and emotionally. Sometimes she may find the hand-over-hand stroking technique (stroking down over the arms from the shoulders) can help release Jitsu from the shoulders. Holding the hands, like the feet, is calming. If she is lying in a bed, in a less instinctive and more open position, she may need you to work her arms with other techniques which I cover in the pregnancy section.

More complex techniques (and specific points)

These are worked in the same way as holding specific leg points (page 111).

Heart Protector 8 (HP-8)

This is in the centre of the palm of the hand, where the tip of the middle finger lands when a fist is made (Fig. 6.33). It is said to be the mirror of Kidney 1 on the feet. Linked with the energy of the heart and fire, it has the effect of calming the emotions. It can be very good if the mother is feeling panicky and uneasy. It can be useful if the mother is not feeling comfortable in her environment, or is feeling disconnected from her baby.

Heart Protector 6 (HP-6)

This is 2 cun from the wristfold in between the two tendons (Fig. 6.33). The median nerve is under this point and therefore it should not be worked too deeply. It is calming, but is also useful for nausea and sickness in labour.

Ikuyo wrote about how holding the mother's hand would often help her to relax. She might hold or she might rub. She said that it 'warms the

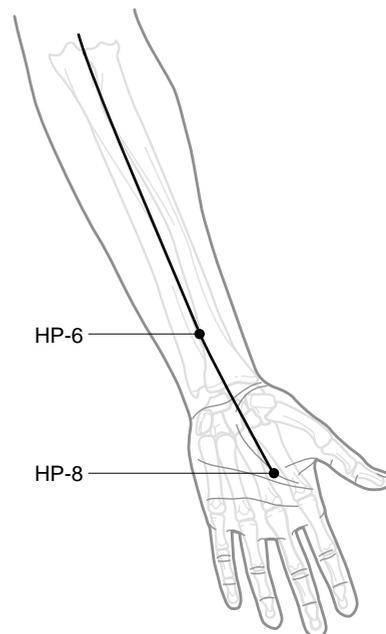


Figure 6.33 Points HP-8 and HP-6.

heart, relaxes the mother and helps her feel more calm and secure’.

Hand point not for use in pregnancy – Large intestine 4 (LI-4)

This is a point like Bladder 60, Spleen 6, Liver 3 and Gall Bladder 21 which can bring labour on and therefore should not be used in pregnancy. It is known as the great eliminator and is often used to relieve pain. It is especially useful if the mother is feeling sick or has diarrhoea.

It lies between the thumb and forefinger on the back of the hand (Fig. 6.34). To locate, either (a) have the thumb and index finger closed and the point is at the highest spot of the muscle; or (b)

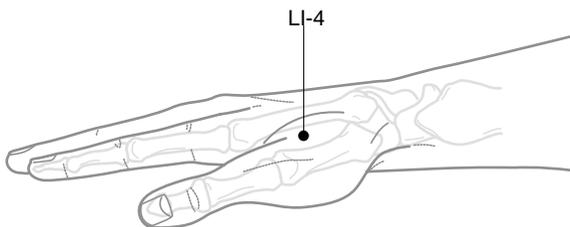


Figure 6.34 Large intestine 4.

stretch the thumb and the index finger. The point is midway between the junction of the first and second metacarpal bones and the border of the web, slightly towards the second metacarpal bone.

To work the point, move your working hand as though you are shaking the mother’s hand but bringing the area between your thumb and index finger into the area between the mother’s thumb and index finger. Place your thumb over the point and angle at approximately 45° into the ‘v’ between the bones.

Box 6.10 Exercise – opening your hands

Tighten your hands by clenching your fingers and drawing them to the centre of your palm. Notice what happens to your breathing and to your pelvis. Now open out your hands and relax them. Focus on the point in the centre of the palm (HP-8) and feel like you are breathing out through here. You can imagine that your hand is like a flower opening.

This is very useful in labour for anxiety and also for opening up the cervix. If the hand is held clenched up, this blocks the flow of energy in the rest of the body, including the cervix. You may have heard of getting women to hold combs as a pain distraction technique. From a shiatsu point of view, this is not a good idea because it is blocking the flow of energy.

Case study 6.8 Integrating shiatsu into maternity care – a community midwife

I am a community midwife working in a team of six, providing total care to a caseload of women throughout their confinement. I was on-call when H paged to say that she was in labour, first baby, term plus 6. Her labour had started 2 days ago with irregular contractions. However, her contractions had become regular and painful for the past 2 h and she was thinking of having some form of pain relief as she was getting tired.

I met H and her partner M in the delivery suite. I had already met H during her pregnancy twice and spoken on the phone a couple of times, so already knew her a little. On admission, H’s vital signs and baby’s heart tracing were within the norm expected. On internal examination her cervix was 4 cm dilated and the presenting part engaged. The membranes ruptured spontaneously during the examination.

H had a birth plan which included an epidural for pain relief so I thought she wouldn’t be amenable to complementary therapy to ease her labour, but she said that she would try to manage for as long as she could. Her contractions had become irregular and less strong following admission so I suggested to H that she mobilized to encourage the presenting part to descend

and stimulate contractions; but H declined as she felt tired and wanted to rest.

I suggested a foot massage to help H relax and worked some shiatsu and reflexology points. I am not sure if it was the massage/acupressure or just nature taking its course, but H’s contractions became regular and within an hour she was requesting an epidural. However, the anaesthetist was busy in the operating theatre with an emergency Caesarean section and so meanwhile I commenced H on Entonox and suggested she turn on ‘all fours’ as she was not comfortable on her back and it would also enable me to massage her back. The top of the bed was raised and I tucked in a bean bag for H to lean over. M was supporting her in the front and I encouraged him to massage H’s shoulders as she was all hunched up. I remembered the Gall Bladder 21 point on the top of the shoulders, which is supposed to have a descending effect, and got M to massage the shoulder area while I began giving light massage to H’s sacral area. Her pain was mainly in the suprapubic area and as labour progressed I also applied thumb pressure to the sacral grooves as well as alternating with leaning with my palms down on the sacral area. H said it felt good to have pressure on that area. It is an instinctive

thing I do and by learning more about shiatsu I now think in terms of Chi flowing through meridians which, when stagnant (Jitsu) or deficient (Kyo), could cause problems for a person's well-being. The flow of Chi is encouraged by the application of pressure to meridian points to 'move' the stagnation or 'tonify' the deficiency to bring relief.

The anaesthetist was still unavailable due to another emergency and it was over an hour since H had first requested an epidural. Luckily she was still coping with her labour, but I felt I was failing to give her what she had planned. I compensated by giving all my energy to do what I could to ease her pain. As she was still kneeling over the head of the bed, I realized that her ankles were neatly propped up and I could work on them. I remembered that there were points around the malleolus that would help with pain relief and taught M to continue the sacral massage whilst I was doing that.

I got an intravenous drip going in anticipation for the anaesthetist but she was still busy. Anyway, I realized that labour may be progressing well as H was beginning to breathe differently and making some grunting noises. It was at this stage that the anaesthetist became available. I thought I had better examine H prior to any intervention and I couldn't believe it but H was nearly fully dilated and the baby's head had descended well into the pelvis. H felt

she was really 'going somewhere' and we said 'no thank you' to the epidural. It had only taken 3 h for H to reach this stage. A baby boy weighing 7 lb 8 oz was delivered after 35 min of second stage. H and M were jubilant and couldn't believe that she had a literally 'drug free' labour. Not by choice! But it turned out so well.

I must admit that my experience in using complementary therapies as part of the care to the women I look after is limited at present. However, this case has given me confidence to realize that labour can be managed differently. I just can't wait for my next case.

I saw H on the postnatal ward the following day and we had a chance to debrief. I was worried that H may be upset that she did not have an epidural as she had wanted. H said she felt that the contractions were painful but it was bearable. She said that the work I was doing on her back was comforting and the fact that I was there beside her was important.

H is really pleased with her care and she said she felt very proud of herself for coping with her labour without drugs. That is empowerment.

I am very excited that I can offer alternative care to women in childbirth. I feel that though childbirth is very much medicalized it can work 'hand in hand' with complementary therapies to enable women to have the best of both worlds.

Point combinations

Combining points is about bringing two different energies together. There are some useful point combinations in labour – although potentially any two points can be linked. You don't necessarily have to stick to these combinations – you can try any others which you feel are helpful for the particular mother you are working with. Use whichever thumb pads or finger tips are most comfortable for you and make sure that you have good mother-hand support with the rest of the hand. Work points on both sides of the body.

Ikuyo Hosaka's point combinations

Ikuyo often used point combinations in her work.

'The magic triangle'

Ikuyo often referred to the 'magic triangle'. This is SP-6, BL-60 and a point on the Gall Bladder which we have not been able to identify precisely but is either GB-37, 38 or 39 or may even be all three depending on different women. GB-38 is 4 thumbwidths above the tip of the outside ankle bone

at the anterior border of the fibula, GB-37 is 5 cun above GB-39 and 3 thumbwidths above the tip of the outside ankle bone between the posterior border of the fibula and the tendons of peroneus longus and brevis (Fig. 6.35). None are specified particularly for induction, but all are indicated for alleviating pain. This combination is useful for inducing labour and augmenting contractions.

Three points on the foot

Ikuyo would often combine LV-3 and KI-1 with GB-43 (Fig. 6.36). GB-43 is between the fourth toe and the little toe, 0.5 thumbwidth in from the margin of the web.

She found that if this was done in early labour then the mother wouldn't get cramp.

Other suggestions

Joining above and below

It is often useful if you have two people working to combine LV-3 with GB-21 – GB-21 sends wood energy down and LV-3 draws wood energy down. This is very useful as a focus to stimulate second-stage contractions.

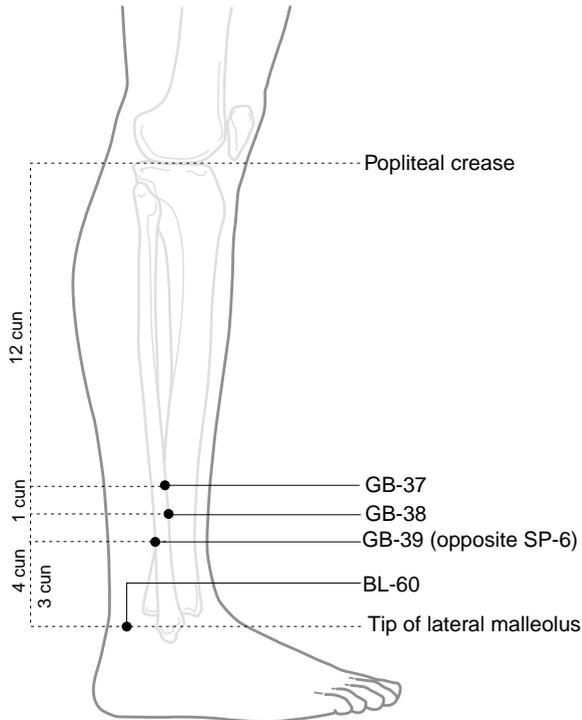


Figure 6.35 Points of the magic triangle: SP-6, BL-60 and GB-37–GB-39.

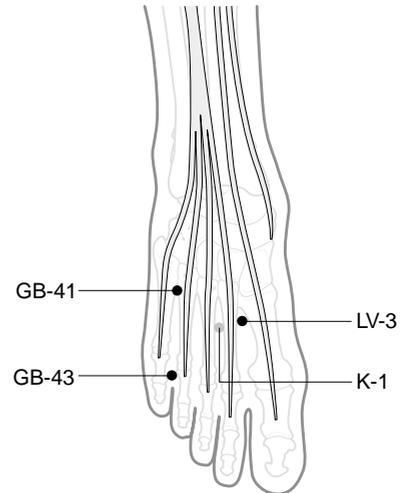


Figure 6.36 Combined points on the foot: LV-3, KI-1, GB-41 and GB-43.

Hand and foot elimination

LV-3 and LI-4 is another point combination. This helps with elimination and letting go, and helps the individual actions of the points be more effective.

Please refer to Appendix 3 for further information on matters relating to safety and diagnosis issues.

Case study 6.9 By a senior hospital midwife

This gives a good idea of how shiatsu can be used in more complicated cases alongside conventional treatments and with careful monitoring.

G, age 42, had a past obstetric history of five previous full-term normal vaginal deliveries with uncomplicated pregnancies. All her children are now in their teens. She also had a past medical history of depression requiring treatment. In 1999 she had a malignant polyp in the anal canal removed, and was given the 'all clear' for cancer last August.

She became pregnant in April. This was an unplanned pregnancy but the family were happy and looking forward to the birth. In June, constant lower abdominal pain prompted an urgent referral to the specialist who confirmed that there was an abdominal mass which was most likely to be a recurrence of malignancy. G, after consultation with the cancer specialist, opted to continue with the pregnancy until the baby was mature enough to be delivered and to have surgery and chemotherapy if appropriate after delivery. She was admitted to hospital when she was 30 weeks pregnant because she needed strong painkillers in the form, firstly of pethidine and, later when this was ineffective, of morphine. When she was 34 weeks, she developed bilateral deep vein thrombosis which required an intravenous infusion of

heparin, a blood-thinning drug. She and her baby were closely monitored.

The pregnancy progressed until 35 weeks when a decision was made to deliver the baby. This was because of the concern about the adverse side effects of long-term use of morphine on the baby. Once the baby was delivered G would be able to continue with cancer treatment. Careful consideration was made as to the type of induction to use because of the high number of previous pregnancies – she was considered to be at high risk because of this.

The plan was to give G one dose of 1 mg prostin gel the next day and attempt to help dilate the cervix enough, in order to rupture the membranes. She had a further four doses of prostin on 4 consecutive days. On day 6 she was seen and examined by the consultant obstetrician who artificially ruptured the membranes. She did not have any contractions after this procedure. On day 7 she was started on an oxytocin drip at 9.30 am. She was only contracting very irregularly when I attended at 12.50 pm. G was on a PCA pump of a narcotic called fentanyl for pain relief.

This was making her nauseous and she had vomited a few times which was causing her some distress. She

was given two different types of antiemetic. Although I wasn't her main carer, I knew about G and her history and had spoken to her a few times in passing. I was very keen to try the techniques I had learnt recently to help G, not just to get her into labour but also to support and help her with pain. She was very demoralized as well because of the length of time she had spent on the labour ward. After explaining to G and her mother and best friend who were also in the delivery room about shiatsu, I obtained G's verbal consent to proceed.

I placed my mother (right) hand on the uterus (lower part) and my left hand on her chest over her heart. This was done firstly to achieve a connection with G's body. As I focused my mind on my 'hara' and on my inhalation and exhalation, I could sense that she was Jitsu in the chest area and Kyo in the uterus, so I slowly palmed my left hand down to the abdominal area. She felt a sense that there was less tightness in the chest after a few repetitions. Next, I used HP-6, applying perpendicular thumb pressure alternating between both of her hands to relieve her of the nausea. This was very effective. I also worked on the kidney/uterus connection by placing my left hand on the kidney area and right hand on the uterus. This was just a placing of hands – no pressure was applied and I kept my hands in this position for a few breaths. I felt that she needed to have the kidney energy diverted to the uterus. My next approach was with my right hand on the left kidney and my left on the right; I gently palmed my hands bringing them together in the uterus area. This was very well received by G. My next approach was on governing vessel 20. After only applying thumb pressure once, I abandoned this area because G felt very dizzy. I felt I could work on this point because her blood pressure was normal and GV-20 can be useful in dilatation of the cervix. I then proceeded to work on GB-21 and LI-4, alternating between these points. I started at 12.50 and by 13.20 she was

contracting strongly about 5 every 10 min. At this point, the oxytocin drip had to be reduced. I was able to work on her back, particularly the lower back and sacral area, when she turned into a kneeling position. Using the thumb on either side of the lumbar spine I worked on the bladder points. Stroking with both palms on either side of the lower spine, I was able to give G a sensation of the 'opening up' of her pelvis. I left her at 14.00 in the care of her midwife when I was confident that she was in established labour.

I returned to review her at 15.45 when G was very distressed with contractions and losing control. She was extremely tired and was not getting any pain relief at all from the PCA pump. She was begging for a Caesarean section and an epidural. An epidural was contraindicated in her case because of the long-term heparin use. I decided to calm her using HP-8 and SP-4, alternating between the right and the left side. This was very effective in that she was clearly quite drowsy between contractions and was able to re-focus on her breathing exercises. At 16.20 she complained of perineal pressure. She was examined and found to be fully dilated. We encouraged her to push. She delivered 8 min later a healthy baby girl. The placenta was delivered easily and her baby's breathing was not depressed, as was anticipated.

Personal reflection

The satisfaction of achieving a good outcome from the techniques that I used in this case has boosted my confidence immensely. G's companions who were in the delivery room throughout her labour were also impressed with the success of shiatsu. Verbal feedback from G was very positive. She was very elated and animated about the techniques I used and related this to the consultant obstetrician in charge of her case. The support and encouragement from my medical colleagues has given me the impetus to persevere with using the shiatsu course.

Summary

Labour is a time when shiatsu can play a powerful role in enabling a mother to connect with her body and achieve a 'natural' birth. It is an opportunity for her partner to be involved. Points and work may be done throughout the whole of labour, if it feels appropriate for the mother. The midwife may need to work with the partner to offer this kind of one-to-one care.

Even when there are medical interventions, shiatsu can continue to be used as it works with the energy of the whole body and does not interact with drugs.

Make sure that you know the contraindicated points for pregnancy.

Reflect on the following questions:

- Are there any techniques you already use which are similar to any of the shiatsu techniques? If so, how are they similar?
- Would you be able to integrate any of these into your antenatal classes?
- Do a lesson plan for an antenatal class including some of these ideas.
- Think about how you would teach these to partners during labour itself.
- Identify any training needs for learning these techniques and being able to teach them to women and their partners.

Case study 6.10 Example of integrating shiatsu in an antenatal class. 'Labour in motion' – Carol, a hospital midwife

'Labour in motion' is a single antenatal session I facilitate for women and their birth partners. It was created from a recognition of the need to help women to rediscover their instinctual behaviour, build confidence in their ability to birth their babies and give them an understanding of the process of birth. The aim of the session is to reduce fear, encourage mobility in labour, reduce interventions and to help women to achieve the best possible birth.

Each 'Labour in motion' session lasts around two and half hours and includes:

- A description of labour, shared coping strategies, an explanation of the reason for the pain of labour and how to work with the pain.
- A simple relaxation and breath technique (re-learning relaxed abdominal breathing and focusing on a slow out-breath).
- Positions for labour and birth.
- Optimal fetal positioning, including the benefits of kneeling and crawling, and a demonstration of the 'cat' yoga position.
- A short meditation of visualizing the baby.
- A demonstration and practical application of some simple massage. This includes teaching the partners how to stroke down the Bladder meridian, to use thumb pressure along the Bladder and Kidney meridians and the value of working on the sacrum in labour. I suggest working with the breath, working from the hara, the importance of intention and feedback, and the need for practice; also that they try to visualize the baby coming down.

I take a pelvis into the session. With the aid of the pelvis, I can show the couples the position of the sacral foramen and emphasize the importance of not putting direct pressure on the spine. I also advise them not to use too much pressure on the sacrum during pregnancy. During their practice in the session, I work around the couples, helping them find what feels right to them. I hope that the sessions improve communication between the couples and that the result will be enhanced support for the woman in labour. I believe that incorporating aspects of shiatsu into the sessions helps to create balance and a holistic approach, which enhances the preparation of women and their partners for labour.

Techniques to teach (women and their birth partners) parents for labour in an antenatal class

It depends how much time you have to show things. Carol gives an example of one session.

I run two two and a half hour sessions or a 1 day workshop. Pregnant women attend the sessions with their birth partner/s about 1–3 months before the due date.

Theory – I keep this very simple. I tend not to refer to Kyo and Jitsu, but simply to get people to feel the different qualities of energy and to learn to tune in to how long to stay and how deeply to work. The birth partner/s only have to learn how to work with one person – and that one person can give good feedback. I explain that shiatsu is working the same points and meridians as acupuncture, and that the work will have both a physical and emotional effect. I talk about how the mother's and baby's energy is interlinked.

Practical techniques

Demonstration of some of the basic principles – pressure, breathing, working from the hara (which I tend to call the abdomen or belly) and having the shoulders relaxed, through integrating the shiatsu with breathing and showing the abdominal holding and the general abdominal pressures. This gives an opportunity for the woman and partner/s to connect with the baby.

Stroking of the Girdle Vessel – stroking and holding on the Governing Vessel and Bladder, explaining why and when this would be useful but not talking specifically about the function of the meridian.

The induction points – getting the mother to work on the partner/s i.e. SP-6, LV-3, GB-21, BL-60 and LI-4. If there is time, I also show the calming points HP-8 and KI-1 foot.

Work on the neck and shoulders – BL-10 and GB-20 and shoulder leaning, and work with GB-21.

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