

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Hi, everyone. It's Maryn. And today I have a chat and exploration that kind of goes over one of my areas of new interests. And that is alignment and natural movement, whole body movement. So I've been dabbling in learning more. And trust me. There is lots and lots and lots to learn, and I'm really just at the beginning but wanted to share what I've learned so far and a really exciting expert for you today because I just don't see this information being shared in the birth community very widely yet. And here at Indie Birth most of you know by listening to these podcasts and exploring our site that we really do believe pregnancy and birth are about the whole person, so this is just another spoke on the wheel, so to speak, about how another really interesting topic can influence our pregnancies and births.

So since I've been learning about natural movement and alignment, my wheels have just been turning. Literally daily, I will lay asleep at night thinking about what I've learned and how it might be affecting things that I'm seeing just working with women, talking with other women whether online or in person, and thinking about these topics that come up so often. Some of them have been entire podcasts, so whether it's pregnancy complaints. Things that are bothering us or our bodies when we're pregnant. Or having the experience of maybe a long labor. And that's something I've just seen and heard a lot about this year. So yet again, just another light bulb went off, and I began thinking why are women having these issues? There's, of course, lots of issues going on. But for women that listen to these podcasts, you're really informed. You're really educated. You know about the way the body works in birth, so what's missing?

So, again, to me, this subject today of alignment is kind of the missing puzzle piece or one of the missing puzzle pieces as we focus on undisturbed birth and physiological birth. So I'm so excited today to introduce our special guest, expert Lisa Gillespie. She's an expert in a similar way, I think, that we are here at Indie Birth. Here we really focus again on how our bodies work in birth, what the natural, normal process is, and kind of getting back to this really old knowledge. And when I found Lisa doing the same thing in her field, all about how the body works and how the body moves, I just couldn't help but have her on and share her knowledge with you today. So Lisa's bio before we begin, and then we're just going to jump in. This is going to be so great.

Lisa Gillespie is passionate about helping women feel comfortable during pregnancy, give birth more easily, and enjoy life after birth. In her work with women online and in

person, she uses craniosacral therapy, whole body alignment, and somatic experiencing to help them improve their movement and alignment patterns and experience less pain and more ease in their daily life. She is a restorative exercise specialist and licensed massage therapist living in Columbus, Ohio with her husband and her six-year-old daughter. She can often be found playing on the monkey bars and walking barefoot through neighbors' yards. Wow. That's such a great bio. Welcome, Lisa.

LISA: Thank you so much. I'm happy to be here.

MARYN: Yeah. We're so happy to have you. So thanks for enduring my rather long intro. I just wanted to kind of get everybody on the same page.

LISA: Absolutely.

MARYN: Yeah. Wow. Well, we have lots of ways to go with this. But how about we just start with maybe you explaining what alignment is. What is natural movement? What we even talking about today?

LISA: Absolutely. So when we're talking about alignment, often we can think of that referring to moving in a certain fixed way and that we never deviate from that particular position. But what we're really doing is we're looking at how the joints move in relation to each other. Similar to if you were to take your car in for an alignment, it wouldn't mean that your wheels never turn, but you would want the wheels moving in relationship to each other in a way that created an even distribution of forces and no one wheel or joint or bearing had excessive wear and tear, and we're applying something similar when we look at the body. And in restorative exercise, we have a way of evaluating for what someone's typical movement habits are and how they may be compensating for areas where they lack strength or stability or flexibility.

And when we're talking about natural movement, we're looking at all the ways that our body is capable of moving. So if you think back to hunter gatherer days when we had to be involved with getting our own food and our own shelter, we would be moving. We would be squatting down to weed. We would be lifting things. We would be carrying things. We would be climbing things. So there are all these types of movement that, for most of us in modern day life, are missing from our repertoire or movements that we get very little of because we have convenience. And I love my convenience as much as the next person. But the downside is that it limits how much we need to move to go through our daily lives. Movement isn't really a requirement when everything can be brought to us. When we can drive to where we need to go, when we can do so much through the magic of the computer and the Internet. And it becomes really a paradigm shift to start looking at how can we create an environment that supports our bodies physiological

demand for lots and lots of movement and an environment that doesn't really require lots and lots of movement.

MARYN: Mm-hmm. Yeah. I think that makes so much sense in the way we talk about birth as well in that it's not just the event of birth. It's really the entire cycle and then the way we parent our children. So it's really this huge paradigm shift, like you were saying. So where do you start with somebody when they come to you? Let's say they're pregnant. And I'm guessing that they're coming to you because they're probably having some issues. I don't know. I guess you could pick one, right? Like back pain. What are the most common ones that you see pregnant women for?

LISA: Typically, pelvic pain seems to be the biggest one. I think most women—and it's just reinforced in our culture. We tend to think that aches and pains in pregnancy are really just a normal part of pregnancy. And I like to make the distinction that they're really common, but that doesn't mean that they are normal.

MARYN: Exactly.

LISA: And let's look at what things can be done to hopefully help shift that. So yeah. When somebody comes to see me and, regardless of whether they're pregnant or not, and really regardless of what their complaint is, we're evaluating how they stand, where their weight is. So if your listeners would like to play along, if they just stand up and maybe take a minute—just a few seconds to march in place so that you're not really thinking about how you're standing. And we're getting a little more real view. And then go ahead and stop and just let your feet both be on the ground. And then peak down and notice the outside edges of your left and your right feet. And you might notice that they're different. They're not turned out the same. They're not both equally straight. And one of the things that we aim for is to have the outside edges of the feet straight. So if you had a straight edge or a wall that you could put your foot up against, you'd be able to get a sense of what's it like to have the outside edge of your foot or both feet straight. For most people, the comment I hear is, "Wow. I feel incredibly knock kneed." And the degree that someone feels knock kneed—how knock kneed they feel is typically an indication of how different compensation patterns that have been going on in their body and particularly how much their thighs have over time rotated inward. And that rotation pattern is what contributes to the knock kneedness that people experience.

MARYN: And then in pregnant women, I'd imagine that's what's causing the pelvic pain and that kind of stuff. It just kind of is going to off shoot from the feet.

LISA: Yes. It certainly—that plays a role. And then we also when we walk more turned out we use the muscles on the outside of the hip, the lateral hip muscles, a lot less because they're not needed when we're walking with a more turned out position. When we have a straight outside edge of the feet and when we, not only stand in that way but

actually walk in that way which can feel really strange to people. It requires more work from those muscles on the outside of the hips. And those muscles play a really important role for helping to stabilize the pelvis, which becomes really important especially during pregnancy when the pelvis is having to do more work and support a growing baby. And there's a lot of change going on. So that's—that is a big piece and an important piece for women to start to shift.

The other thing that especially for pregnant women—we—the majority of the people that I see have a tendency to stand with their pelvis shifted forward more over the front of their feet versus having their pelvis stacked over their ankles. And when we have that pelvis shifted forward, it creates a tucking with the pelvis which means that we use our glut muscles less and in a different way than would be ideal. And then we also change the load that's being applied to the front of the pelvis—so the pelvic symp—pubic symphysis where those two bones come together now are getting different forces applied to them and probably not equal left to right. And as the pregnancy continues, there is a tendency for that habit to get even more exacerbated. And so you'll see kind of that classic pregnancy posture where you have the pelvis shoved way forward and the shoulders way back and the belly nice and round out in front.

MARYN: Yeah. Yeah. Yeah. Yeah. I remember when I first got into this and realized that, and I think our listeners will appreciate this. A light bulb really went off too because, as you probably know, there is lots of focus in the natural birth community on some positioning. Not in the way that you're talking about, but, of course, acknowledging that our bodies need to shift for babies to shift. And so lots of emphasis on the chairs we sit in and the car seats we drive in and that not being great alignment for our bodies as the baby gets into position for birth. But when I came across the information you're talking about, again, it's just paradigm shifting because we're no longer talking about the chair we sit in but our bodies as the vehicle. And really working with them from the ground up, from—I mean relearning how to walk. That's essentially what we're talking about here.

LISA: Yeah.

MARYN: So it's overwhelming, I feel like, in a good way, but I think women are ready for it. A lot of women are really ready for it because we're not necessarily seeing things change, again, with the way births are going or positions of babies because we're not working on our own bodies. We're just looking for a simple fix kind of on the outside. And that's not at all what you're talking about.

LISA: No. It's not. And it can get easily overwhelming. And, "Oh my gosh. Where do I start?"

MARYN: Exactly.

LISA: But I think—to keep in mind for the vast majority of us, any little change that we can make is going to be beneficial because we have been moving and standing in ways so different than this that when we start to make these little changes—even just having the outside edges of the feet straight, we are starting to create an environment for our body where things can change and things can shift in a really positive way. Yes, it's certainly not an overnight fix. It gets really challenging when I get the phone call from someone who is 38 weeks, and I've got pelvic pain. And now what? And I think to myself, "Man, I wish I could have seen you ideally a year ago. But even at the beginning of your pregnancy versus the last weeks."

But yeah. So I think we have to keep in mind the large picture but also be encouraged that there are lots of little things that we can do that don't really require extra time that we can weave in during our day. I mean straightening the outside edges of your feet doesn't take any extra time. It's just learning to become mindful and aware of it. Backing your pelvis up over your ankles again and again and again throughout your day because it will continue to want to drift forward doesn't require any extra time. So little things like that. And also things like our footwear choices. So wearing shoes with an elevated heel really shifts how the body is aligned. The more quickly you transition to a flat shoe, which is going to depend on what you've been wearing up to that point. So if I have somebody who has been a lifelong heel wearer, even one inch heels which we don't typically think of as heels, I'm not going to throw them into a pair of Vibram FiveFingers because their body needs a lot of prep work to be able to accommodate that change without having a reaction, so to speak. It needs time to transition.

But that type of thing if somebody is wearing shoes that are relatively flat then starting to go barefoot a little bit throughout your day can be helpful. Things like sitting on the floor instead of sitting on a couch or a chair even little bits. Five, ten minutes. It doesn't have to be all or nothing. Can be really helpful because that asks different things of our body. When we're sitting on a couch, the couch is doing the bulk of the work to support us. When we're sitting on the floor, it's more work. Our muscles are having to support us. We're also using our joints in a different position. And chances are we're not going to be parked in one position for as long as if we were kind of sucked into that lovely black hole of our couch where we can sit there for hours on end, if we ever have the time to do that.

MARYN: Right.

LISA: But it just—it's little things like that that start to require more from our body, and it requires different things from our body. So it's like feeding our body different nutrients, so to speak. If somebody is shifting from a processed food diet to a more whole foods diet, even gradual changes over time are really beneficial. It doesn't have to be all or nothing. And the same thing with shifting from a more sedentary lifestyle to a more

movement oriented lifestyle. Every little bit is nutrition that you're offering to your muscles and your bones and your cells and your joints that is going to change how your body functions.

MARYN: Yeah. Yeah. I love that. And I love the way you just put it as being mindful. I mean, obviously, there is tons to learn and tons to know. But I think that's just a great intention to start this work with. That with every little piece, again, wherever you are on the spectrum that it is just about paying attention and being mindful. It's not about reserving or having that tons of extra time in a day to do all these crazy exercises. Or kind of like giving it away to somebody else. Some kind of alternative health person that may make your back feel better for a second. It's, I think, taking more responsibility and, like you're saying, make it a whole life picture, so that it's not just even about you being pregnant. It's affecting your health for your whole life.

LISA: Absolutely. Yeah.

MARYN: Yeah. Yeah. So let's kind of just review, again, just because this is so new for so many people. So let's say someone comes to you before they're pregnant because that really would be ideal. And just so everybody knows, Lisa is available by Skype to do sessions. And it really would be helpful, I think, to have her actually be able to see you. So these are just general suggestions. But someone comes to you and they're not pregnant yet, but let's say, like a lot of women, they've had a previous pregnancy or there were, like you were saying kind of these normal issues but not really that—it's not something she wants to experience again. So she had pelvic pain or, let's say, she had a really long labor. You're going to evaluate her. But then if you had to give her just a couple tips to go home and start with these things, I know you mentioned the shoes. But just a couple more that are really easy for people to be like, "Okay. I can do that right now."

LISA: Sure. Absolutely. So yeah. Changing the shoes. When you are sitting, try—experiment with sitting on the floor more often than a chair or a couch.

MARYN: Get down there with those kids, right?

LISA: Exactly. Absolutely. Another thing that, again, ties back into the mindfulness piece—understanding our habits or becoming aware of our habits is extremely valuable. So things that moms that we all tend to do when we're holding a kid. That tendency to jut the hip out so that the kid is propped up on the hip, and then we tend to maintain most of our weight on one leg. And we're kind of dropped down into that hip which tends to put a lot of stress on the ligaments of the hip which over time can start to lengthen the ligaments. And ligaments aren't really something that you want to lengthen because they're not like a rubber band. They don't have the capacity to stretch and then return to where they were. They just slowly lengthen and lengthen.

And then provide less and less stability to the joint. So rather than jutting the hip out, if you can focus on keeping your weight between both legs and using your arm more, it's going to be a lot more work for the upper body. But it's going to be a lot more beneficial for your body over the long run.

The other thing—and I see—work with a lot of babies in my craniosacral practice. And one of the things that I always try to remind parents of is change which side you carry your baby on or your child on. Because I know with my daughter, my habit was to always carry her with my left arm, so that my right hand was free to do the tasks that I wanted to do. The downside is my body adapted to that pattern. And then we also have to consider the kid adapts to that pattern as well. So as an infant, when she would be on my left shoulder, her tendency would be to always look to the right. So she started to develop more of a pattern of turning her head to the right because she spent a lot of time in my arms looking that way. So the more that we can vary it up for ourselves and for our babies and kids, the better that's going to be for all of us over the long run.

The other thing I would suggest people become really mindful of is you have an infant and you're carrying the infant in front of you in your arms be really mindful that the tendency is going to be, again, to let the pelvis shift forward and the shoulders shift back. And then we kind of hike up the rib cage a bit to create almost a bit of a shelf for the baby to rest on. And what happens—there's a variety of things that happens. But it's really challenging for the low back area because we've put the muscles that run between the rib cage and the pelvis in a shortened position. And then we've also put our abdominal muscles in a position where they're not able to generate the force that we want them to be able to generate. And that particular position with the ribs up, kind of the chest high, shoulders back, what we typically think of is good posture actually makes us really vulnerable to something called diastasis recti where the abdominal muscles—the left and right halves of the rectus abdominus separate more than normal. And in some women can separate quite a lot. So the more we're able to keep the pelvis stacked over the heels and the rib cage stacked over the pelvis the more we're setting ourselves up to have a nice—to have abdominal muscles that can respond to the demands that are being required of them.

And, again, when you're holding an infant in that way, it requires a whole lot more from your upper body, which just goes to show how much we rely on picking up the slack with other parts of our body. But it's not helpful long term. So if you can start these things when they're only seven or eight pounds and then your strength grows as they grow, that's the ideal situation. But even if you're not able to hold it for very long, every little bit helps. And every little bit counts.

MARYN: Yeah. Yeah. For sure.

LISA: So yeah. Those are the things I would tell people to be mindful of. How they hold their kid, how they stand if their pelvis has drifted forward, back it up. One of my favorite times to do this for me, personally, is when I'm standing at the kitchen counter and either I'm doing dishes or chopping veggies or whatever. And all of a sudden I'll notice that my pelvis is making contact with the counter.

MARYN: Yes.

LISA: And it's like, "Oh, wait a minute." So that's my little mental cue. Back it up. Back it up.

MARYN: Yeah. Yeah. It's funny how—yeah. I mean—gosh. Someone like you who is an expert and still finding those movements—moments, I think, gives all of us encouragement because I know, for me, it's like definitely a constant thing. For me, it's the rib thrusting. That's just really, really hard, and I feel in my mind sometimes that I'm succeeding better on some days. And then I'll pass a mirror or something. And I'll look and be like, "Oh my gosh. No. I'm really not. I've reverted back." But good to see it. It'll happen eventually.

LISA: Yes. Yeah. And it comes in layers too because there's only so much our brain can process and take in at one time. So you start to catch yourself rib thrusting five times a day or three times a day. And then you realize, "Oh, wow. I really do that 50 times a day." And you just become more and more aware. I discovered a few months ago my tendency to grip my right thigh when I brush my teeth for some—who knows why?

MARYN: Oh gosh. Yeah.

LISA: So I tell people, "As much as you can, think of it as this kind of fun experiment," because it's really easy to get down on yourself about, "Oh my gosh. I can't believe I'd do that. I can't believe all these things that I'm discovering I'm doing wrong and that I've done wrong for years and years." And you can really beat yourself up about it. But as much as possible—and I really encourage people, "Yes. Get the information," and sure. It's going to be a moment of woe. But then as much as possible, just start to think of it as this kind of fun experiment where you can notice what do you do. You kind of become your own detective. And you start to discover and learn more about your body habits. And then as you discover and learn more about it, then you have more choice about how you use your body and how you want to use your body and what would you prefer to do. And what might give you better results or move you closer to the body that feels good and the body that moves the way that you would like to—it to move.

MARYN: Yeah. Yeah. And that's another thing that reminds me so much of birth. Just in that in the mainstream world birth kind of looks a certain way and is thought about a

certain way and should happen a certain way. And that's the way this subject strikes me in that we grow up looking at images, for example, of people that are quote on quote fit. And now having these resources, you can kind of look at that and see kind of what strayed from the natural movement. But in other words, just culturally. It's not something that's really out there. And so I think that can be a challenge. But like you're saying, it can be really fun to just kind of change these habits and go against the grain of what you feel like everybody else is doing essentially.

LISA: Yes.

MARYN: But for good reason. And I can say, in my short bit of time—and I'm working diligently. I do see results. And the kids are having a lot of fun with it. So it's another way to kind of get the whole family involved. It's not something you go in a room and do, like you were saying. It's your life. And the kids—from wearing barefoot shoes to understanding some of these concepts to just wanting to walk more and understanding why we're doing that has really helped us as a family. So I think that could definitely be inspiring for some people listening to. To get everybody involved and just make it a fun project.

LISA: Yeah. Absolutely. And I've really noticed that with my daughter as well. We try to walk as much as we can. And we live in an area where we're in suburbia. So I've got a nice neighborhood that we can walk around. And we have a grocery store that's about a mile and a half from us, so it's certainly within walking distance. And a few weeks ago I was—it was a proud mama moment when my daughter found out that I had to go to the grocery store and that she wanted to come along. And she said, "Mom, can we walk the whole way to the store?"

MARYN: Yeah.

LISA: I was like absolutely. We can. And so that was the first time we had—we did the whole round trip. And she was quite proud of herself for that.

MARYN: Yeah. Well, she should be. I mean kids these days—they're not doing a whole lot of walking either. And even kids that are athletic—and actually, that's kind of another thing to talk about I think. Not kids being athletic. But women or pregnant women being fit during pregnancy or working out. What are some thoughts on that and how that compares to what you're talking about.

LISA: Yeah. That's a really great topic to dive into. As you were talking about earlier in terms of our cultural mentality, we live in a culture that really celebrates women being really active and basically not changing what they do during pregnancy compared to before they got pregnant. So women and running until seven or eight months of pregnancy or women bicycling to late in their pregnancy or doing certain types of high

impact activity cross fit, that type of thing, is really looked at and admired that, “Wow. These amazingly strong, fit, pregnant women,” versus, “Oh, the frail pregnant woman that can’t do anything.”

MARYN: Right.

LISA: And I really want to celebrate that yes. Pregnancy can be—it’s certainly not a time where you have to go sit on your couch, and I wouldn’t encourage anybody to do that. But we also have to consider that there are certain changes going on with our body. And when we’re doing things that require a lot from the pelvic floor muscles, in particular, such as running or even sitting on a bicycle seat for extended periods of time, it’s important to consider what the potential ramifications of that might be in terms of increased tension to the pelvic floor.

MARYN: Yeah. Yeah. That’s super important.

LISA: Yeah. And that’s certainly not something that someone would want to increase on the way to giving birth when it’s really important for the pelvic floor to be able to relax and open and stretch and accommodate a baby moving through. So and there was research done—I read a research article—yeah. A couple days ago where they were looking at athletes who did different types of high impact activities from aerobics to jogging, cycling. And it was a population size of about—a little under 300. So it wasn’t a huge population size. But what they found was that the athletes had longer second stage labors. There weren’t any changes in terms of birth outcomes. So there wasn’t a higher cesarean rate in the athletes compared to the non athletes. But the statistically significant difference that they noticed was longer second stages of labor.

MARYN: Yeah. And those things do.

LISA: These were all hospital births, so there’s that to consider. And we know that there are many, many variables that factor into birth. But I thought that was really interesting.

MARYN: It’s so interesting.

LISA: Anecdotally—yeah. Anecdotally, I worked with a baby whose mom was an avid cyclist. And she had a really, really difficult birth and was a home birth and ended up a hospital transfer and a fair amount of interventions used. C-section was not necessary. But she pushed for hours. And I hear that not a ton. But often enough that it gets my attention. And I think it’s especially challenging for moms who feel really great about how active they were and that they (inaudible) their pregnancy, and they continued to jog or run up until six or seven months. And they did their kettle bells, and they did their weights. And they feel like they’re doing all these really wonderful things to prepare

themselves to give birth. And then things don't turn out the way that they had hoped. And they're wondering what went wrong. And it's certainly—I would never, ever, ever want to blame a woman for how things turned out because there's just so many reasons why things happen the way they do.

But I do think it's really important that this information be out there so that women know, "Hey, you might be really an avid runner before you get pregnant. But that might be something that you want to transition out of and instead shift to walking because your pelvic floor is having to do a lot more work now that you're pregnant. And how about we support your pelvic floor in being an optimal state rather than creating these excessive downward forces over and over for short periods of time that may result in the pelvic floor kind of crunching and gripping to try and hold things together and support what needs to be supported."

MARYN: Yeah. Yeah. For sure. And like I said, that's really what has been striking me as I learn because we talk so much here about the hormones and, again, undisturbed birth and kind of leaving the process alone. But I've come to think that that's all still really relevant and important. But that the hormones are just another normal, natural function of our body, but they cannot override and do miracles when the body is so tight and not able to allow the process to flow. You know what I'm saying?

LISA: Right. Exactly.

MARYN: So yeah. That's, again—it's just the missing puzzle piece to me because these women are—they're not afraid a lot of them. They've had babies before. But yeah. They're struggling. A lot. A lot of women are struggling just physically in their births. And when it comes to a second stage being longer as far as that study you're talking about goes, that's really relevant because although you said the outcomes weren't more C-sections that's the stage of labor where there is more chance of a baby being in distress or someone wanting to call a surgery. And even politically. There are time limits almost everywhere even with women having home births on how long they're allowed to push. So these are issues that affect even women that think they are—they've got it all together and are really healthy. So I just find that really interesting that it's kind of the opposite of what we've been taught in a lot of ways.

LISA: It is. Yeah. It really is. And I think we can recognize that moving during pregnancy is a good and a beneficial thing. But then kind of our U.S. mindset, which if a little bit is good then a whole bunch must be even better. So then we kind of take it to that nth degree. And it becomes somewhat of a status symbol too because it's just like whoa. Wow. That mom really rocked it. And she did all of these things until seven, eight months. But like I said, it can really blindside these women. And even when women who are really educated and savvy and they're eating really well and they're

meditating or they're paying attention to their body and they're really mindful of relaxing and all of these great, important things, sometimes that's enough. And that's great. And other times—and we'll never know. But it's a curiosity for me of how things may have gone differently if they had had other information to support themselves with.

MARYN: Yeah. And that's exactly what I love about this. I just feel like it's another piece of information for people to take away and digest and say, "How can this help me? Can this help me? Does this matter? Can I see this in my life?" Because it's just something that's not being talked about. So I know something that's really interesting to me and probably other people is when we're talking about alignment of the mom how might that affect the baby's alignment in utero or the position that the baby might choose? Because that's just another huge piece of how the process goes really.

LISA: Right. Right. When I was listening earlier today to your podcast on the posterior birth, that was really interesting as well. So—

MARYN: Yeah. It's a fascination. It's a fascination—

LISA: It is. Yeah.

MARYN: - for us to feel like we have some control over what the baby is doing and this obsession with perfection of how it needs to be. So some of that is letting go in other ways emotionally and spiritually. But at its core, birth is a physical process. So I'm just so—yeah. Interested. So go ahead. I won't blab anymore.

LISA: No. That's fine. So the short answer is we don't know how alignment impacts baby's position. But our theory or hypothesis is that we're looking at this—house the structures—if the uterus is this container for the baby and it's this dynamic environment and relationship between the baby and the uterus and the mom's body in general then we're considering what the surrounding structures—what role do they play in helping to support the uterus in the uterus's actual position within the pelvis? If we think of the psoas muscles, which are these two muscles that run alongside the spine starting at the bottom of the rib cage. And they—left and right. They run down the sides of the spine. And then as they approach the pelvis, they cross over the front of the pelvis. And they anchor at the very top inside of the thigh. And the psoas muscles—so they essentially sit on either side of the uterus.

And it's really, really common for us to hold a lot of tension in the psoas muscles and to have not a lot of yield in the psoas muscles. So if we have psoas muscles that are more tight and less able to yield, is it possible that they can impact the position of the uterus? Sure. We also, as we were talking earlier in terms of rib thrusting, if we have a mama with a habit of shifting that pelvis forward and/or lifting the rib cage up and the shoulders back, what we consider that classic good posture. What we find is it creates

vulnerability for the uterus in terms of a tendency for the top of the uterus to shift forward because we don't have the support that the abdominal muscles are—should be able to offer. When we're in that rib thrust position, it changes the dynamics of things.

So the uterus tends to tip forward a little bit more. The front—or the top of the uterus tends to tip forward and then the cervix tends to shift a little bit more back compared to if someone is able to drop their ribs then that helps to position the uterus in a more favorable way. And it's going to change the relationship then of the baby to gravity. So when the uterus is positioned a little wonky, the fetus is interacting a little bit differently with gravity than if the uterus were positioned more—shall we say, aligned? And it also—something to consider from my other hat in terms of working on babies after birth from a craniosacral perspective, it's really interesting to work on some of these babies who have things like torticollis where they have a tendency to turn their head more to one side than another. Which is normal in an infant but it's something we want to see shift pretty quickly. And a lot of the babies that I see have an ongoing tendency to favor one side over another which can play a role in head shape as well and a variety of other things.

But if you have a baby that's been wedged in mama's pelvis a particular way for weeks and weeks because mama has got some tension more in one hip compared to the other or the pelvic floor on one side is pulled a little bit differently than it is on another, that's going to change how the baby is positioned. And that's going to change then how the soft tissue tension patterns that are set in place for the baby. And then as they are born, it's not just a matter of their position during pregnancy and how that sets them up for birth. But then how does that set them up after birth when now we have to put the baby to breast? And the baby has to be able to feed. And if you have a lot of uneven tension through the neck, that's going to change the baby's position at breast. And that's going to—these are the babies where you will often hear the mom say, “Well, they nurse really well on my right side, but they hate my left side.”

MARYN: Right.

LISA: And well, there's a reason. I mean it's not that they hate it. It's that it's less comfortable for them, and they can't coordinate things well. And there's a whole other ball that gets rolling along with it. So I think addressing those as much as we can, ideally, prior to pregnancy and, certainly, during pregnancy is going to benefit mama and baby for not just pregnancy and birth but a long time after as well.

MARYN: Yeah. Yeah. For sure. And that's, again, when it becomes just a very large all encompassing paradigm shift to think of how somebody's position in utero really can affect their breastfeeding, their bonding, and so many things in life. And yeah. Even

just back to the birth process. I mean I know we're just speculating. But when I hear you talk about those things, the psoas muscle and how it works even on a really basic level, I just think of so many things in birth that women experience. Or told happen. Whether it's failure to progress or a baby getting stuck in the pelvis or even breech presentation and things like that. I think, again, we're not diagnosing anybody with this being the reason, but it's just something to think about.

LISA: Sure.

MARYN: Because most babies should be able to get out. That's my theory. And just coming back to that. What can we do to help that happen more easily? Because it just shouldn't be that hard. It couldn't be that hard. Yeah. So I really appreciate your perspective. I think it's just so valuable. And I know we've covered a lot of all over the floor topics today. So thanks for bearing with me. I hope it made sense to kind of just fly around like that.

LISA: Yeah. My pleasure.

MARYN: Yeah. One more thing that I think would be interesting, if you have a couple more minutes.

LISA: Sure. Yeah.

MARYN: Just talking about squats in pregnancy. Since that's kind of a cornerstone of alignment and, to my very basic knowledge, most women are not squatting correctly. Yet there is this idea that we should be squatting in pregnancy and squatting to birth babies. I just want you to talk about that a little bit and give people some resources to maybe learn to do it correctly.

LISA: Yeah. Absolutely. So talking about squatting, there's all different kinds of ways to squat. And there is no one way to squat. And there is not a wrong way to squat or a right way to squat. But we're looking at—and, in fact, if somebody is listening and they have some space where they can just stand up and squat down, just to notice what happens in your body to be able to do that. And you can check in with things like are your feet really turned out? For most people, that's part of what they need to do to be able to get their body down or their pelvis and torso down into a squat. Also notice are you able to keep your heels down or do they pop up off of the floor in order—the lower your body gets? And then you can also notice, if you put a hand on your low back, do you still have the curve in your lower spine—your lumbar spine—or is your back really rounded and your pelvis kind of tucked under?

And then the other thing to pay attention to is if you look at the relationship between your knees and your ankles, notice are your knees really forward over your feet? Or are

they back over your ankles? So is your shin angled more forward, or do you have the ability to have your shin more vertical? And for most people, the shin has to come forward. The feet have to turn out. The heels typically pop up to some degree or another. And the pelvis really tucks under to, again, some degree or another. And that reflects to us different tension patterns and weaknesses that are present in that person's body that requires them to have to move in that particular way in order to accommodate a squat.

And so what I like to tell people is don't—I mean if you want to just hang out in a squat and it feels good, fine. Go for it. The thing—the one of many benefits that squats can offer—I think a lot of the reason why squats are emphasized is because they can be really helpful for developing glut strength. And the gluts anchor one of the attachment points for the gluteus maximus is on the sacrum. And, as I'm sure your listeners are pretty well aware, the sacrum is able to move. It's a triangular shaped bone between the left and right halves of the pelvis in the back of the body. And it's able to tilt forward. The bottom point. And it's able to move back. And there are a lot of pelvic floor muscles that attach to the sacrum and also then run forward to attach to the front of the pelvis. The position of the sacrum is going to dictate the tension that's present or the tautness or the length of the pelvic floor muscles.

And we want the sacrum to be nice and stable versus really tipped so that the bottom point is tipped forward, and the pelvic floor muscles are in a more shortened position because when muscles are able to generate the most amount of force, which—in response to the demand that's being placed upon them, they're at a length—the length of the muscles dictates how much force they can generate. So if we're using our gluts, they're helping us stabilize the sacrum, and they're helping to maintain the length of the pelvic floor muscles. So squats have the capacity to do that. But a lot of times, if we're going down into a squat and the knees are going way forward over the feet, we're using a lot more of the muscles on the front of the thighs, the quads, than we are the hamstrings and the gluts on the back of the body. So one of the things that I have people work on is simply if you sit in a chair and you line up your feet—so you'll have—the width of your feet will be a little bit wider than normal. And then you can line up the outside edges of your feet, again, to a more straight position. And then check that your heel is in line with your knee, so that your shin is vertical.

And without changing those points, you can allow your torso to come forward and then push down through the heels and down through the legs to bring yourself to a standing position without letting the knees drift forward. So you're maintaining that vertical shin. And for most of us, that can be really challenging. And that's a great way to start doing squats in a way that really emphasizes—it's asking more of the gluts. So the gluts are being asked to participate a lot more and so are the hamstrings. And that starts to get

you some of the pelvic floor benefits that squats can offer when they're done in that way.

MARYN: Yeah. Yeah. That's awesome. I love, of course, just how it all works together. And I think most people listening do too to realize that our pelvic shape, for example, it isn't fixed. I love what you said about our bodies being dynamic. And I wish birth wise more people saw their bodies that way and more care providers saw women's bodies as that way because they are. They do move. They do stretch. They can accommodate. And we have this missing piece now, I think, to really take responsibility during our pregnancies, so that our bodies have the best chance of just doing what they know how to do because that's always what I come back to. I do believe we know how to do that. I do believe that even as far as natural movement goes I think it's in us somewhere. It's more just shedding the habits and what we've been taught, what we've learned. I think our bodies want to get back to so much of this. It feels so right.

LISA: Absolutely. Yeah. Absolutely. I think really for me, and I know for others, I think that the biggest roadblock that there is to getting more natural movement in our lives is our mind. And all the ways that—it's a paradigm shift. And it's just starting to look at. I think to myself, "Okay. If walking was gold and if it was something I could do at any time throughout my day, I would make that a priority." And that's the paradigm shift that has to occur is if movement is essential to our bodies, which it is, for all a variety of biological processes and we're looking to optimize our health of which birth and pregnancy are certainly parts of that then, to me, it gets really exciting and empowering to start to look at all the things that we are capable of doing to support that.

MARYN: Yeah. Yeah. Yeah. I agree. It's so exciting. And when I think of women who I talk to weekly or daily doing their own prenatal care even or wanting more support in that way this is just, again, to me now one of the major areas of focus that I think are available to us when we're in charge of ourselves. For a lot of us now, it's less about maybe doing a whole row of tests that someone else suggests but more time and focus for this kind of thing because we can really see the effects. So like you're saying whether it's a birth, whether it's a breastfeeding, mothering, then we have these babies. We have these children, and we want the best for them. And we want their bodies to function optimally. So really it's just mind blowing. I'm just amazed at all that's out there. So on that note, I know you have a really nice PDF available for the listeners. Can you just tell us where that is as well as your website? And any other resources that you'd like to get someone started on because I think that's what they're waiting for now is where to go and find you.

LISA: Sure. Yeah. Absolutely. So I put together a PDF with three to four simple things that women can start incorporating into their daily lives. And that can be found at my website, which is lisallc.com/indiebirth. So that's lisallc.com/indiebirth.

MARYN: Awesome.

LISA: And then at that same site, my blog is there. And I have a variety of articles on pregnancy and pelvic floor and squats. I have a two post—or a two-part article on squats and ways to help yourself squat and get the benefits that you seek from it. So all of that is available there for people.

MARYN: Yeah. That's awesome. I love being on your email list and reading your articles. And yes. Would highly recommend that everybody go there. And, obviously, Lisa is available for consults and emails should you want to know more or more detail. But thanks again, Lisa. I just really appreciate you doing this. And I think people will really enjoy it, and it can really, really help them. So yay.

LISA: Thank you so much for having me, Maryn. It was my pleasure.

MARYN: Great. Thanks so much, everybody. Hope you enjoyed that. Please contact Lisa with the information she provided, and I'll see you next time.

(closing music)