



parenting with presence

Reporter **Susan Freinkel** follows two expectant couples from their first class in mindfulness-based childbirth to the blessed (not to mention painful) event. They learn things on their journey to parenthood that can help us all navigate life's transitions.

Photographs by Michael O'Neal
and Christine Alicino

“This isn’t your usual childbirth-preparation class,” Nancy Bardacke announced to the 23 expectant mothers and fathers seated in a circle on a late September evening in San Francisco. Bardacke won’t be showing birth videos or demonstrating how to diaper a baby. During this first session of her Mindfulness-Based Childbirth and Parenting course she hardly talked about labor at all. Her lesson began with a raisin.

“You’ve all seen a raisin before, but you’ve never seen *this* raisin,” she said as she passed out samples for the exercise she has long used to introduce her students to mindfulness. “One of the first practices we learn is beginner’s mind—

to see things anew.” To see, in fact, the way a newborn would—without judgments or preconceptions. Examine the raisin closely, she urged, use all your senses to take it in. People squinted at the raisin in their palm, rolled it between their fingers, held it close to their noses to inhale its sweet, musky aroma.

The class has drawn a diverse group of parents-to-be, and some are more at ease with this encounter with the raisin than others. There are strait-laced lawyers, right-brain scientists, a mortgage broker, and a free-spirited couple who sell their own brew of *kombucha*. Some are planning conventional hospital births attended by obstetricians; others are →

Kateryna Rakowsky,
a mother in Nancy
Bardacke’s Mindful
Birthing program,
cradles her daughter,
Taia Wetmore.

going a more alternative route, with doulas or midwives or even home births. Some have years of meditation under their belts, while others are utterly baffled by instructions to pay attention to their breathing and notice the quality of their thoughts. “I don’t know what I’m supposed to be doing,” one of the prospective dads complained one night.

Amy and Arnold Wong closed their eyes in deep concentration as they explored their raisins. Amy, petite and blonde, is a life coach with the bubbly, optimistic personality to match. Arnold is quieter and more reserved. Though he has done less formal meditation training than his wife, as a chef he appreciates the idea of bringing one’s attention to food.

While everyone else in the class are first-time parents, the Wongs already have one child, now 4, who is a daily reminder of children’s effortless ability to be in the moment. Their son’s birth was stressful, sterile, and filled with interventions that Amy never questioned until after the fact. Like the epidural that hit a nerve, causing searing back pain “that was so consuming I couldn’t breathe to push.” By the end, she recalled, “I was so delirious, I don’t even remember him coming out.” To avoid a repeat of that experience, they are hoping to deliver at home with a midwife. This time around, Amy wants to be fully present, as sharply aware of what is happening as

she is of the tang of the raisin on her tongue.

Across the room, Ariana Mohit and Zed Bates seemed flummoxed by Bardacke’s directions. Zed, a quality auditor, grew up in a hippie household and has little patience for what he calls “new-agey stuff.” Fidgety and anxious by nature, all he really wants is the nuts and bolts on labor to quell his worries. But Ariana, a lawyer, signed them up for this class precisely because she wanted more than the basic facts. She’s thinking about parenthood and is worried her impatience, high expectations, and Type A penchant for control could be a problem in raising a child.

“I want to bring some calm and acceptance to my parenting style,” she explains. If tonight is any indication, the course will prove to be a challenge. Zed popped his raisins into his mouth immediately without any scrutiny, while Ariana lost one and after minutes of frantically searching, quickly looked at the other and then handed it to her husband. She never liked raisins and didn’t want to eat it.

Nancy Bardacke doesn’t care whether people love or loathe raisins. The point of the exercise was to raise their sense of awareness. She wanted them to experience the raisin simply with their senses, without preconceptions or judgment. “Mindfulness is being in the moment,” she said. “And guess what? That’s where childbirth is!”

Over the next nine weeks, Bardacke would be teaching them a variety of ways to cultivate that kind of awareness, including meditation techniques, a body scan (a head-to-toe check-in with oneself), and basic yoga poses. But the core practice would always be the simple yet powerful action of paying attention to the breath. Following it would keep these parents-to-be moored in their bodies and provide an anchor to the present.

“Whatever is going on, the instruction is always the same,” she would say. “Be with it and just breathe.”

Bardacke has been leading expectant parents through these kinds of exercises since 1998. At 70 she moves with the energy and ease of someone much younger. She has a gentle voice, stylishly cut short grey hair, and the nurturing if slightly noodgy air of a Jewish grandmother (which she is). She was already a longtime meditator and nurse-midwife when she attended a workshop led by Jon Kabat-Zinn, who pioneered the use of mindfulness meditation for patients suffering stress and chronic pain. Listening to him, Bardacke had one of those electrifying life-altering moments when she realized that she could combine her life’s two passions: meditation and midwifery. She spent several years learning Kabat-Zinn’s curriculum and tweaking it to address the specific needs of expectant parents.

Tonight marks the start of Bardacke’s 69th course, and it will be one of her last. She’s begun training Mindfulness-Based Childbirth and Parenting (MBCP) instructors in San Francisco and

Nancy Bardacke, founding director of the Mindfulness-Based Childbirth and Parenting program, currently offered at the University of California–San Francisco’s Osher Center for Integrative Medicine. The program has attracted the attention of other professionals working with childbirth and parenting who are looking for innovative ways to counteract the persistent medicalization of birth.





Bardacke leads her class through some exercises on the yoga mat. She says mindfulness practice can make all the difference in managing the emotional stresses and uncertainties of pregnancy and the sudden plunge into parenthood.

elsewhere. Her recently published book, *Mindful Birthing: Training the Mind, Body, and Heart for Childbirth and Beyond*, makes it possible for people who can't take the course to do the program on their own at home. It has also attracted the attention of other professionals working with childbirth and parenting who are looking for innovative ways to counteract the persistent medicalization of birth and help parents-to-be make a deep human connection to what they're going through.

Pregnancy offers an ideal time to begin

practicing mindfulness. Bardacke says it can make all the difference in managing the emotional stresses and uncertainties of pregnancy, the physical pain of childbirth, and the sudden plunge into parenthood. "It's the best tool I know," she says, for navigating enormous life transitions. Her confidence is grounded not only in the anecdotal experiences of more than 1,000 parents who've taken her course but also in a growing body of scientific research.

Decades of studies document the harmful effects of stress on expectant women and newborns. Pregnant women who suffer high levels of stress are more prone to having miscarriages, preterm births, and C-sections. They're more apt to deliver babies with lower birth weights, smaller head circumferences,

and lower Apgar scores (which is an assessment performed on newborns based on their appearance, pulse, grimace, activity and respiration). The effects on fetuses are far-reaching, possibly affecting their motor skills and cognitive, social, and emotional development. In one example, Canadian researchers following children born to women who were pregnant during a disastrous ice storm found that those whose mothers were most traumatized by the event had lower IQs and verbal abilities at age five than children whose mothers were less stressed out by the emergency. Stress is also a contributor in child abuse and neglect.

The research shows that mindfulness meditation can effectively reduce stress and its harmful effects. There is also increasing evidence that it can help alleviate intense pain and reduce anxiety and recurrent depression. All can be issues in pregnancy and parenting that ultimately affect a child's well-being. (It's estimated that 7% to 12% of new mothers suffer postpartum depression.)

The two small studies that have looked directly at the use of mindfulness for pregnancy and childbirth—one coauthored by Bardacke—found it helped relieve expectant mothers' anxiety and negative feelings. Given that evidence, says Larissa Duncan, a researcher at the University of California—San →



Some of the families who took part in the Mindfulness-Based Childbirth and Parenting program in the fall of 2012, from left: Ross, Abby and baby Samuel Harold Davisson; Rana and Aaron Lehmer-Chang with baby Justice Tabriz Lehmer-Chang; Erin Hetrick-Hohenner and Andy Hohenner with baby Éire; Dan Wetmore and Kateryna Rakowsky with baby Taia Wetmore; Mike and Deanna Horner with baby Elaney Ryanne Horner.



PHOTOGRAPH BY MICHAEL O'NEAL

Bardacke encourages expectant parents not to get too attached to plans when it comes to their babies.

Francisco, teaching mindfulness to new parents may be a way to shift the entire “developmental trajectory.” That’s because how much attention parents bring to the critical months just prior to and just after the birth can be a big determinant of the child’s future mental and physical health, as well as the family’s long-term well-being.

That doesn’t mean mindfulness is a guarantee against having complications or ending up with a C-section, as Bardacke is the first to admit. In fact, a notable part of the MBCP program is reminding couples not to get too attached to plans when it comes to their babies. When and how they deliver will often be influenced by factors beyond their control. What they can control is how they deal with the unexpected and how they feel about what happens. As Bardacke likes to say, “Mindfulness does not give you the birth experience you want, but it gives you a way to fall in love with the birth experience you get.”

A few weeks into the class, Ariana and Zed found themselves struggling with the very issue of plans and hopes. They wanted to have a home birth—true to form, Ariana felt it would allow her more control. But her doctor decided hospital delivery was necessary because of a medical condition that makes Ariana prone to bleeding. She was devastated by the decision. It took her a few days to pull herself together and realize she could still have a natural birth without interventions. She began looking for a midwife and doula to work with, determined “to find a way to →



Arnold and Amy Wong with their son Aidan and daughter Aila. The couple was worried about repeating the rough experience they had during the birth of their son.

make this hospital birth mine.” Still, acceptance was hard for her, as she admitted in class one night. “But I’ll get over it,” she said.

“Don’t get over it,” Bardacke advised. “Just be with it.”

Just being with it can be a tall order when you’re pregnant and your whole life feels canted toward the future. As they tape the sonogram pictures to the fridge, furnish the nursery, and make lists of names, expectant parents can’t help but think ahead—and that includes fast-forwarding to the inevitable and dreaded pain of childbirth. Fear of that pain, combined with the desire to avoid painkilling drugs, is a major reason most had signed up for Bardacke’s class.

That’s why she urged them not to miss the class in which she dissects the physiology of labor pains. Standing before a whiteboard, Bardacke asked for words associated with pain. The expectant parents offered a veritable thesaurus of discomfort: tearing, stabbing, burning, throbbing, cramping, searing, pressure, stretching, sharp, aching.

“How many will you feel in childbirth?” Bardacke asked. Her surprising answer: only four—cramping in the early stage, stretching and tightening in the second stage, and burning as the baby’s head emerges.

“That’s it!” she said with a laugh, perhaps underselling the intensity of those sensations but putting them in perspective nonetheless.

“See ladies,” one father-to-be in the class joked, “it’s no big deal.”

Next, Bardacke drew an oscillating line to represent what happens during contractions. For much of labor, she said, contractions come about five minutes apart and last about 60 seconds each. “That means in one hour you will have exactly 12 minutes of pain. Can you handle 12 minutes of pain? To get your baby? Of course you can.”

Pain, she explained, isn’t only a sensation in the body. It’s also an experience of the emotions and the mind. We anticipate the pain and worry it will never end, and that mental rehashing and rehearsing causes its own, additional suffering. Mindfulness helps you separate the experience in the body from the reaction or overreaction in the mind, Bardacke said, so pain can be experienced simply as intense physical sensations, arising and passing. “That changes the nature of the experience entirely,” she said. Mothers might even discover that between the contractions are moments of rest, even pleasure.

Bardacke has faith that this message can profoundly change the way couples see childbirth, and indeed, many left that evening feeling newly

empowered. “I can do *anything* for 12 minutes,” said Ariana. Amy felt it helped explain why her last labor was so difficult: She was so involved in remembering the agony of each past contraction, while bracing herself for the next one, that she never gave herself a chance to notice, much less enjoy, the downtime in between. She found Bardacke’s lecture so inspiring she repeated it to all her pregnant friends.

Bardacke has a special term for the stressful situations that all people—pregnant or not—encounter daily: “contractions of life.” Just as mindfulness can help labor contractions, it can help us deal with those reactive spasms of fear, anxiety, or anger we feel in body and mind when we encounter difficulties such as a traffic jam, a new job, or a tantruming two-year-old. Over the next few weeks, it became clear that many in the class were starting to use their newly learned mindfulness techniques to get through these contractions of life. One needle-phobic woman told the class how she focused on her breath to deal with the very long needles used for amniocentesis. Another told of her realization that tracking time stresses her out. “So I started actively covering my clocks.” She tapes an index card over the clock in her car, which helps keep her relaxed when she gets delayed in traffic.

Even Zed, who was still fidgety during the in-class meditations and rarely practiced at home, was seeing some benefits. When traveling for work, he usually grew restless and irritated by how long it would take to get off the plane once it landed. But during a recent trip, he closed his eyes, took some deep breaths, and was able to stay calm.

One late October evening, Bardacke had everyone sit in a circle on the floor. She presented a picnic-sized cooler.

“Is it full of raisins?” one expectant father teased.

Bardacke laughed. “I’d like you to take a nice handful of pain,” she said, as her assistant moved around the circle distributing pieces of ice. Bardacke had them hold it for a period of time without doing anything special (but if you’ve ever tried gripping an ice cube for an extended period of time, you’ll know it’s no picnic). The room filled with groans. This “pain practice” is the best she can get to inviting contemplation about pain in preparation for labor.

She had them hold the ice a second time while focusing on their breath. The room grew quiet. Many were certain the second time was shorter. To their surprise, Bardacke informed them that both stints lasted 60 seconds.

“Nothing changed except how you were using your minds,” she said. Then she had them repeat the exercise several more times trying different techniques to focus, like counting, visualizing a baby, or concentrating on the center of the pain. “There’s no one right way. It’s finding out what works for you.” During one round, Ariana reached out to hold Zed’s hand and realized something she hadn’t recognized before: touching him was soothing. →

It Takes As Long As It Takes

Childbirth doesn’t answer to the clocks that run so much of our lives. And there’s a lesson in that for all of us.

For all the scientific research on pregnancy and childbirth, it is still not known what triggers the normal labor process for a particular woman. It can be unsettling to realize that the certainty of a baby’s due date is an illusion, so I encourage couples to begin their mindfulness practice by becoming a bit more tentative about their due date, and maybe saying, “We’re due sometime at the end of March,” or “maybe around mid-April.” This is a practice in itself, a way of beginning to live in “don’t-know mind” and of getting a bit more comfortable living in the truth of uncertainty about the future.

Looking deeply at due dates is an opportunity to discover that pregnancy and childbirth take place in a kind of time that most of us, unless we tend a garden, are unfamiliar with: the realm of horticultural time. This kind of time is measured in a slower arc than we’re accustomed to, a time span that is in harmony with the biology of living things: plants and their seasons, and humans in their life cycles of birth, growth, aging, and death. Whether or not we harvest a beautiful crop of tomatoes from our garden or apples from our apple tree depends on a multitude of causes and conditions—with many of them well beyond our control.

Unfamiliar and perhaps somewhat uncomfortable with this more organic kind of time, we try to put pregnancy, childbirth, and the growth and development of our children in the time frame we’re more familiar with: industrial time. This kind of time is based on the clock, with its exact calcu-

lations of seconds, minutes, and hours. Living on clock time often means living in the fast lane, which, while it may seem invigorating for a short period, usually feels pretty stressful.

The very existence of your due date can prevent you from seeing pregnancy and birthing as being in harmony with another kind of time frame, because you may see your due date in the same way you view a meeting at work, a scheduled airline flight, or an appointment for a haircut. Because industrial time fosters the illusion of certainty—after all, people do arrive at an appointed time for a meeting, airplanes do arrive on schedule more often than not, and you usually show up for your haircut on time—we may create stress for ourselves by imposing the standards of industrial time on this biological process occurring in our body. Due dates, while undoubtedly helpful, can also encourage you and others around you to worry about the future—when the birth will actually happen, how many hours your labor will take, and so on.

When the body begs to slow down during pregnancy, when we realize we cannot predict the exact date of our birthing, when our baby needs us to be in harmony with his or her rhythms of hunger and sleep and growth and change, we are being asked to slow down and enjoy living in the kind of time that isn’t measured in seconds, minutes, and hours.

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“At one point I had a catheter, an IV, and an oxygen mask—a most unnatural birth. But my spirits were up.”

Ariana Mohit

Over the next few weeks, Bardacke upped the pain-practice ante, culminating in a class where she had the women hold their hands in a bowl of ice water. Arnold pressed his hand into Amy’s back and then against her forehead as she leaned over the bowl. She breathed deeply and told herself that the ache wasn’t pain for pain’s sake, but in service of having a baby. That helped. Arnold knew he could be remote, pulling back into the hard shell he needs for his work, and the class was helping him “to be softer” and more connected in his touch. “That’s good,” Amy murmured.

Others were shaken by the intensity of the ice water. One mom-to-be leaned into her husband and started weeping as she felt herself losing focus. She knew it wasn’t helpful but she couldn’t stop herself from thinking, “If I can’t handle ice, how am I going to handle a baby?” Ariana and Zed, usually a touchy couple, were standing apart. Bardacke walked by and urged Zed to touch his wife. He shook his head and whispered that Ariana didn’t want him to. He had missed the previous class in which they prac-

ticed ways the men could support their wives and now he didn’t know what Ariana wanted him to do. She was irritated by his cluelessness but didn’t want to break her concentration to give him directions. “That was a huge wake-up call,” she later said. They began doing the ice practice at home, trying all the techniques Bardacke had taught them. Both felt they finally were forming what Zed called “a partnership to manage pain.”

By the last class in late November, the baby bumps had grown into basketball-sized bellies. One couple had delivered early, and others were just weeks away. Bardacke is “not a ritual person,” but she likes to end each class with a closing rite. As part of it, she asked participants to come up with one word to summarize what they would take away for the future. People mentioned gratitude, bravery, excitement. Amy and Ariana had started in different places, but they arrived at the same word: choice. Both said they now felt they could choose what kind of experience they would have.

Amy had spent a lot of time preparing for a birth at home but when her labor pains started, it took her a while to see what she really needed. She later described it as having two labors. In the first she thought she wanted family and friends present, but then couldn’t help but tend to them. “I’m asking questions like, ‘Can I get you something to drink?’ and saying, ‘I’m sorry it’s taking so long.’” After 12 hours, her midwife checked her and found she had barely dilated. Amy burst into tears. “I lost it. I felt embarrassed, stupid, upset.” She realized all the guests were an unhelpful distraction and asked everyone to leave. Once she and Arnold were alone, she was able to start focusing on having the baby.

The lessons of mindfulness helped her get through this second labor. She fastened herself to each moment. In contrast to her son’s birth, she didn’t experience nonstop pain. But she also never experienced the moments of rest Bardacke talked about. So she labored without anything that felt like a break but was able to stay with her breath and avoid looking to the past or the future. Until the very end. For the last 10 or 15 minutes, Amy says, all the mindfulness tools went out the window. “I just did what I had to do to get through it.”

Which is actually as mindful as you can get, says Bardacke. The whole point of the program and these

Body awareness is a cornerstone of the Mindfulness-Based Childbirth and Parenting program. Here, Kristin DeMarco and Derek Mansfield share an intimate moment during one of the program’s classes.



PHOTOGRAPH BY MICHAEL O'NEAL



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Ariana Mohit and Zed Bates wanted to have their baby at home, but complications forced them to induce labor early and deliver at the hospital.

practices is to prepare people to be present and engaged during the joyful moments that we too often easily miss and the tough moments we push away, which only make them tougher. Labor for Amy was no cakewalk—it is for few—but she says the birth of her daughter “was worlds better” than her son’s. It was “a magical, beautiful, sacred experience. It was so full of the joy that was absent before.”

If Amy got close to the birth she wanted, Ariana was going to have to find a way to love the birth she got. Her water broke on a Sunday afternoon, and then she spent the rest of the evening and night waiting for contractions that never came. This can be dangerous because the open amniotic sac puts the baby at risk of infection. For two days Ariana waited for her body to go into labor and struggled with her caregivers’ escalating pressure for interventions. First, it was checking into the hospital before she’d gone into labor. Then, it was the fetal monitor the nurses insisted she wear. Then it was the drug her midwife wanted her to take to get the labor going. After eight hours of using all her mindfulness skills to get through the intermittent contractions, she was still barely dilated and her midwife feared that if things didn’t progress Ariana would have to have a Caesarean. Next, she had to wrap her mind around getting Pitocin, an intrave-

nously administered drug that induces powerful contractions. Which meant a catheter and eventually an epidural for the unnaturally intense pain that “hit like a Mack truck.”

At each step Ariana started to resist and then checked her lifelong impulse to dig in her heels. She made herself calmly listen to the rationale for each deviation from the natural birth she wanted and then accept it. “At one point I had a catheter, an IV, and an oxygen mask—a most unnatural birth. But my spirits were up and I felt very accepting.” Sixty-three hours after her water broke, she delivered a healthy daughter.

Zed had his own experience with acceptance: he left Ariana’s room at one point and ran into another expectant father from the class in the hallway. Like Zed and Ariana, the other couple had wanted to have their baby at home, but complications forced them to induce labor early and deliver at the hospital. She, too, was on Pitocin, facing an epidural, but was at peace with the change of plans. Her husband handed Zed a little clay heart that someone had given them. Across the front was the word “acceptance.” When Zed brought it in to share with Ariana, she jokingly said, “I don’t want to accept.”

“I’ve given you the heart now,” Zed replied. “You have to.” ●