

ENGLISH CLASSES
At
“ELEMENTAL SCHOOL OF MIDWIFERY ART”
FLORENCE, ITALY
for midwives, doctors, doulas and birth keepers

***COURSE: “MODERN MIDWIFERY SKILLS FOR
PREGNANCY, LABOUR AND CHILDBIRTH”***
PSYCO-NEURO-ENDOCRINE-PHYSIOLOGY OF CHILDBIRTH IN PRACTICE
And
***THE NEW WORKSHOP:
“BECOMING WHOLE AGAIN”***
A MIDWIFE’S RITUAL, SYMBOLIC AND OSTEOPATHIC APPROACH TO THE CARE
OF CHILDBIRTH INJURIES AND SCARS

AT:
Scuola Elementale di Arte Ostetrica
Lungarno Colombo 28/A, FLORENCE
ITALY

By *Anna Maria Rossetti*, Independent Midwife, Lecturer and Director of the Post Graduate
Midwifery School “Scuola Elementale di Arte Ostetrica” in Florence, Italy.

DATES:

July 3-4-5-6-7, 2017
5 days, 36 hours

COST for the Course + the Workshop:

450,00 euros + VAT
Food and accommodation not included.

JOIN THE COURSE/CONTACT US:

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Goals: To give midwives the comprehension of the interaction between neuro system and endocrine system in the three trimesters of pregnancy, the origins and effects of stressors on the fetal-placental system and to offer them tools for a midwife-led, independent screening of the pregnancy. Key issue of the midwifery led care is the therapeutic relationship. Midwives will develop communication skills to really empower women during their practice and support women’s free choices during pregnancy and birth.

Based on the Anonovskij’s theory of Salutogenesis, the course offers an overview on Salutophysiology by Verena Schmid, stressing the issue of the health factors of pregnancy: how to

recognize them, how to promote health and capacity of coping with stressors, which criterions for selection and how to make a midwifery' decision together with the woman and partner.

The course offers tools of care to prevent distress and pathology (Hypertension, preterm birth and others).

The course offers both theoretic and practical tools for the clinical control of the pregnancy.

Throughout the course midwives will learn and practice different treatments to promote health, prevent and cure stress in pregnancy and treat the most common symptoms related with normal and borderline pregnancy. This course offers a step by step practice on how to use touch, how to "listen" with hands, how to manipulate and massage in order to restore physiology during pregnancy.

Program:

Time schedule:

1° day 7 hours, 2° - 3°-4° day 8 hours, 5° day 5 hours

Physiology:

INTRODUCTION:

- An integrated view over female physiology: psiconeuroendocrinephysiology (PNEp) of the ovarian cycle (i.e.: "*Women riding the dragon since the beginning of time*")

PREGNANCY:

- PNEp dynamics during the three terms in pregnancy and implications for practice
- Physiological adaptation
- Interactions between endocrine, neurological and immune system and environment.
- Emotional dynamics and their reflexes on physiology
- The origin of stress, normal stress and distress
- The foundations of Salutogenesis and Salutophysiology (PsycoNeuroEndocrinology) and of social and psychic adaptation to pregnancy (coping)
- The four pillars of health in pregnancy and birth

LABOUR AND BIRTH:

- How hormones and Autonomic Nervous System work together in the direction of birth (opening) or Distocias (closure).
- Autonomic innervation of uterus and cervix. Uterus and cervix as "sensors" for environmental distress
- Understanding the neuroendocrine meaning of the different types of cervix (firm, swelling, closing during contraction, not responding to contractions) and how to promote health through a systemic view.
- Clinical skills: what do we look at in the woman, how do we know that the process of birth is normal: a new algorithm to approach the obstructed labour
- Distress during labour: how to recognise it.
- Adrenergic uterine contractions: their systemic meaning
- Uterine Metabolic Acidosis during labour: an underestimated cause of 25% of C-Sections during labour: how to prevent it, recognise it and correct it.
- The role of the Inferior Uterine Segment during labour: clinical skills to recognise deviation from physiology and to correct it
- The role of our adrenaline whilst attending birth
- Treatments and massages to help the neuroendocrine balance of birth: polarity and empathetic touch

- Massages and care to low the stress hormones down and trigger autonomous ganglia in the pelvis
- Posture and birth: an overview
- The role of the toracic diaphragm/ breathing/ use of the voice
- The role of toracic diaphragm to fasten labour (3 to 4 hours less) and its role even during epidural
- Knowing the pelvic floor, its three muscular layers and their role step by step during fetal progression and inner rotation
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The therapeutic relationship

- Therapeutic aspects of communication; welcoming, listening, counselling, process of choice-making, sharing of responsibility, the therapeutic agreement.

The baby

- His first environment, his experience in the womb, his growing competences, his system of relationships and communication, prenatal bonding and its effects on birth and breastfeeding, foetal movements and their quality, signs of foetal health, the health of the placenta. Listening to the baby.

Care in pregnancy:

- How to prevent and cure distress in pregnancy
- How to activate the endogenous resources in woman and baby
- How to harmonize the pillars of health

First term of pregnancy

- What changes occur to the woman, what clinical evidences, what emotional aspects.
- The first meeting: welcoming and listening
- The case history, anamnesis of health, how to make a diagnosis of health
- Problem solving: how to give information concerning antenatal diagnosis, choices during pregnancy, et al..
- What treatments and care to deal with nausea, vomit, and other symptoms of the first trimester.

Second Term of pregnancy

- What changes occur to woman and baby
- Clinical, screening, urine and blood test
- How to recognize the health signs of the placenta
- How to low down the sympathetic activation of stress (massages and treatments)
- How to augment relaxation, amniotic fluid, baby's movements (specific treatments).

Third Term of pregnancy

- What changes occur to woman and baby
- Emotional preparation to birth and bonding
- Physical (clinical) and psychological aspects of preparation to labour
- How to promote the good positioning of the foetus, how to promote the start of normal labour.
- When the pregnancy is actually ended and When it is not? Clinical aspects of placenta's functioning.

- Treatments and massages to light up heavy legs and ankles, to smooth the pelvic junctions and prepare for an harmonic birth
- The choice of the place of birth.

Care during labour and birth:

- Reference guidelines for a normal pregnancy and birth
- Midwife-specific interventions to limit pathology or turn back to health
- Stalled labour: a new algorithm of intervention based on Salutophysiology (PNEp) and new childbirth paradigms
- How to offer the woman/couple a midwife's intervention
- How to communicate with the consultants a midwife's intervention
- The newest EBM's over midwife's assistance
- Massages and care to low the stress hormones down
- Treatments to trigger autonomous ganglia in the pelvis
- How to deal with a tense Inferior Uterine Segment during a stalled labour

The course includes the NEW workshop:

BECOMING WHOLE AGAIN: A MIDWIFE'S RITUAL, SYMBOLIC AND OSTEOPATHIC APPROACH TO THE CARE OF CHILDBIRTH INJURIES AND SCARS

Why This Workshop:

An episiotomy or a perineal tear not only results in pain and possible perineal deficiencies, at short, mid and long term. A birth injury, just like any other scar involving different layers and tissues, can affect the mobility, the tone thus the health of both proximal and distal muscles and organs in the woman's body. In my experience as a midwife with osteopathic basis, it often happens to be asked to treat perineal scars with the indication of solving a dyspareunia or increasing the effectiveness of a not effective perineal rehab. Scars, due to the interference with muscular aponeurosis, can interfere with the postural balance of the body, can send hypo or hypertonic messages to the gluteus, to the psoas muscles, and can modify the physiological orientation of the uterus, increasing the stress of the uterine ligaments and interfering with the normal involution and retraction of the womb after birth. Both perineal and abdominal scars can cause abnormal lochia to the woman and, if not treated, can result in postural distress, low back/knees/shoulder/nipples pain, heavier and more painful menstrual cycles after birth.

Scars do speak. They hold memories of the trauma they have been through. Our tissues remember every movement, every touch, every single stretch applied on them before the tear or the cut occurred. And the suturing movements remain too. I often find the professionals' movements imprinted in the perineum of women years after birth. Everything we do on tissues during birth, as professionals, stays there forever, because time is an irrelevant variable in the face of trauma. It is the same for the emotional trauma: if not treated, if not taken care of, it will live ageless in our body and in our mind.

When treating scars, our memories surface, hidden emotions rise up: what needs to be thrown away is remembered thanks to the movement of the fascia. It is finally put in the right order then, bringing peace both to body and soul. Some scar tissues are totally insensitive and perceived as "dead tissues". Our job is to put the pieces back together. Help women regaining their wholeness. Regaining wholeness is possible and compulsory but not immediate: we must have (both midwives and women) the will to heal, the patience to go through painful memories, the strength to face our deep femininity and the unconditional love towards ourselves.

I'm grateful to all the women I met in my professional life, who taught me that everything is possible: women's bodies and souls are truly fearless, courageous and can really rebirth themselves even more beautiful and complete than before, no matter what. I'm thrilled to share this experience with other midwives. To offer new rituals and osteopathic tools to deal with childbirth scars, injuries and spiritual and physical healing.

Theoretical

- How wounds heal: physiology of recovery from day 0 to day 20
- How to prevent tissue and emotional trauma during childbirth
- Basics of osteopathic knowledge on scar tissues, fascia and connective layer
- How to recognise a PTSS

Practical

- The correct anamnesys of a birth injury: physical, emotional, relational factors
- Recognize a scar that is kinesiologically "active" even after many years. Know how to treat it
- The observation of the mother-baby relationship
- The role of the partner: how and when to involve the woman's partner in the healing process
- The genital anamnesys
- How to investigate sexual imprintings
- The therapeutic deal: facing needs and expectations
- The imaginary genitals, the real genitals
- The importance to work on a woman's representation of her own genitals
- Giving homeworks: gain confidence with genitals and uterus again
- The use of creativity: an access of the lymbic brain to our inner genital knowledge
- Preparing the setting for a genital exploration
- Observation of the genitals: what to look at
- How to keep the record of the progresses of the scar
- Clinical cases

Hands on

- The empathetic touch
- Listen to the fascia with our fingers
- Listen to the scars
- How to move and heal the injured tissues
- The onyon rule: the last imprinting is never the least
- Neurovegetative responses during treatments
- Emotional responses during treatments
- Circulatory responses during treatments
- How to plan appointments and follow ups

Methodology: this course invites everyone to actively participate to the learning process. Participants should be prepared to get personally involved. Theoretical teaching alternates with small group work, case studies and body work. Wear comfortable clothing.

Evaluation: evaluation will be continuous, oral and through group work. At the end of the workshop there will be a questionnaire of general evaluation of the learning.

ABOUT ANNA MARIA ROSSETTI

Anna Maria Rossetti has been a midwife since 2004, and a lecturer and new Director of the Scuola Elementale di Arte Ostetrica (SEAO), in Florence, the institution that was founded 20 years ago by Verena Schmid. Anna accomplished her postgraduate two years education with Verena Schmid in 2009 and went back to Italy to continue her study regarding the clinical and practical implications of Psychoneuroendocrinoimmunology during pregnancy and birth.

Anna is as well the Project Leader of a new branch of the SEAO named “SEAO-Rise,” which aims to spread and develop the feminine culture and raise awareness toward women’s human rights, both by educating midwives and helping women regain confidence with their bodies, cyclicity and sexual passages. She strongly believes in sisterhood, in education and in the transformative power of biological sacred passages: altogether they can shape the social and cultural value of women and children in the eyes of the world.

Anna worked as a missionary in Afghanistan, in 2010, leading a maternity center on behalf of an NGO operating for the health care of women living in war territories. In 2012 to 2013 she was Coordinator Midwife in the Midwives Led Unit (MLU) of Guernsey, UK.

Anna earned a Master degree in Manual Therapies and Posturology and she actually works as an independent midwife, attending homebirths, taking care of posttraumatic birth experiences and raising consciousness towards human rights in childbirth. She teaches both midwives and doctors the interconnections between neuroscience, environment and stressors, in the cognition that uterus and cervix are environment’s sensors, thus affecting both professionals and families during the experience of birth. Meet Anna at the Midwifery Today Strasbourg conference in October 2016.

Publications

Anna contributed to the book, *Physiology of Birth*, 2014 Spandrio, Regalia, Bestetti, which is being used as a text book in the midwifery schools all over Italy.

Anna also is an author for the midwife’s journal, *D&D*, edited by SEAO.