

Reversing the Chi

by Dot Parry

I'd read about a technique called "Reversing the Chi" in an e-mail edition of Midwifery Today. I filed the information in my mind and never really expected to use it.

ONE VERY BUSY NIGHT on our hospital's main delivery unit, I was assigned to care for "June", a woman having her first baby. I had cared for June on the previous night shift since when she had been in active labour. I was told that June would be taken for a caesarean section as soon as it was possible, but that the theatre was in use and there was no rush as the baby was OK. An obstetrician had examined June an hour or so before and her cervix was said to be 7cm dilated with the baby in an occiputo posterior position with a deflexed head. There had been no change since the last examination three hours before despite a syntocinon infusion. The syntocinon had been turned off as it was having no effect and it seemed cruel to continue since the decision to perform a caesarean section had been made.

I went in to June and re-introduced myself to her and her family. She had been supported throughout by her partner "Steve", and by her mum. Her supporters were in very low spirits. They were absolutely exhausted and told me so in no uncertain terms: "How much longer will we have to wait?" they complained.

June was sitting on a chair beside the hospital bed leaning on a pile of pillows - a position she had found very comfortable the night before. She had been using entonox since 6 am. It was now 10pm and I was amazed she had the energy to work the entonox valve for 16 hours and to still be upright. She had chosen not to have pethidine and had declined an epidural. I sat next to her and tried to chat to her between contractions. She was still in good heart and felt that she had been well supported by her midwives through the day to do all she could to birth this baby. But we kept being interrupted by the moaning supporters and I began to feel they were really draining June's energy and positivity.

I listened to the fetal heart which was reactive and a similar baseline to when I had gone to my bed at 8am - so I agreed with the obstetrician on one thing - there was no rush to get this baby out.

My next priority was to change the energy in the room. I asked Steve and June's mum if they had had any tea - they hadn't, so I suggested Steve order a pizza for them to share. I said I didn't want him fainting from hunger in the operating theatre! Steve went off to organise the pizza and mum went for some cold cans of pop from the machine. Sadly it was not really appropriate to feed June as I knew she was going to theatre shortly. Once Steve and mum were eating, their spirits lifted and the mood started to change.

It was now after 11pm and June had been having strong, regular contractions since I had come in the room two hours earlier. I was wondering if she could have made any more progress and was glad when she asked me to check her cervix to see if she had got any further.

On vaginal examination I found her cervix to be fully dilated but the head transverse and at the ischial spines. She had been feeling some urges to push but had resisted them as she thought she was imagining it. For the next

hour or so we tried another trip to the toilet, some changes in position and a little bit of pushing when she felt she needed to. Throughout all this the baby's heartbeat gave no cause for concern.

The situation on the delivery suite had deteriorated as women with more problems occupied the rest of the staff including the doctors. I kept the midwife co-ordinator informed about how June and her baby were doing. I guessed we might get our turn in theatre in another couple of hours, all being well.

At 1a m June requested another vaginal examination to see if the baby had moved at all. The baby's position was almost exactly the same as before. It felt like we were really and truly stuck. The mood of despondency was returning and June was getting very tired indeed. I decided we needed to try something else and reversing the Chi was all I could think of.

I told June that for the next half an hour she should lie on her left side and avoid pushing altogether even if she really wanted to. I told her that instead, every time she got a contraction I wanted her to pull her baby up towards her throat. She nodded as if this was completely reasonable and made perfect sense. I didn't really think it would work at all, I still felt I was buying time and that soon we would be on our way to theatre. I stifled my doubts by focusing on the supporters, getting them to say positive things again and stop looking at their watches! For the next three contractions June had a look of deep concentration on her face. She had put the entonox down and was totally focused on pulling her baby back out of her pelvis. She didn't use her hands, the effort was all internal, but she was definitely trying to do something. After the third contraction she started getting uncomfortable and said she needed to stand up again. She got off the bed, did two or three high sideways leg lifts with alternate legs and shouted, "It's coming!"

I went and sat behind her on the floor and was delighted to see a thick head of hair advancing gradually, then a lovely little face and moments later I was passing June's baby to her. That woman, that amazing woman, was still standing, still strong. The look on her face was one of pure female power - it was primal and beautiful. I will never forget it.

About half an hour later as June was suckling her beautiful daughter, I popped out of the room to make some tea and toast for everybody. The exhausted registrar saw me and apologised for the delay: "Just give us a few minutes to clean theatre and we'll do your girl."

You can imagine the look of pride and joy on my face when I told her that thanks, that wouldn't be necessary! When I told her later how we had "reversed the Chi," she said, "B****cks!" But you could tell she was thinking about it.

Article first published in: *Midwifery Matters* Autumn 2003, Issue no.98