

## Epi-no birth trainer – my personal experience

As a preparation for my wonderful home birth experience Epi-no was my best trainer. Practicing with this device was the most efficient and significant too. I know, as I am a childbirth educator. It prepared me for an easy and a smooth birth. In my time, at my pace, when and where it was at my convenience. I knew I could build my physical and emotional confidence in my ability to give birth.

I practiced daily almost, at the evening time. What I discovered was that my favorite position for practicing was lying down on my side, with my knees bent just a little (never passing the angle of 90 degrees for that might shorten the vagina). A thick pillow supported my back, mainly against the pelvis, assisting my focusing on relaxation, leaving the pelvic floor free from any unnecessary tension.

I knew that the key to relaxation was essential for my successful practice, and therefore, gave it a lot of thought. My tools for guided imagery that were developed throughout my experience as a yoga and childbirth educator are gathered on my articles 'Imageries for breathing and pushing' on our site [www.epi-no.co.il](http://www.epi-no.co.il)

In origin, the imageries are cervix oriented and meant to be used originally on the first stage of birth in which the cervix opens up, but practicing them along with the Epi-no balloon showed that they were perfectly suitable to be used for stretching the vagina opening as well. Further, using the Epi-no combined with guided imagery was so helpful with the assimilation of the imageries into the body that I felt that the body actually 'filmed' the stipulation of relaxation in reaction to stretching, in a way that turned the keys of guided imagery into even more available and efficient during birth.

Regarding position, my favorite was lying down on my side. This position is convenient, leaving the pelvis, especially the tailbone, free, the vagina is prolonged, in difference from squatting, and enables to relax your whole body. Lying on your side is also a common birthing position, at least here in Israel, and practicing it really prepares you for real birth. The visual memory of the body to take it easily and effectively into birth

I understood that the inner position of the balloon was no less important than the 'outer' one, so I've tried to be very precise. Always verifying that at least 40% of the balloon are being outside of the vagina, so that the largest diameter of the balloon is pressing from the inside of the body towards out, just like the baby's head is doing during the second stage of birth.

It is important to understand that the height of the pelvic floor muscle into the body is approximately 2 cm. That means that the effective part of the balloon is the one pressing against these muscles, 'ring against ring'. It is also important to understand that the vagina looks more like a triangle standing on it's head than a tube as often shown mistakenly on some diagrams I've seen more than once. Perhaps this mistake is caused by the fact that most of these sketches describe the vagina on profile, and not from the front.

It is not possible to exaggerate in the importance of positioning to the success of the training. It is also important to understand that the positioning is not made from one practice. This is a fine task of tuning and adjustments occurring within training several times and all over again the next time you practice.



Even though this all may sound complicated it is not at all so, once the trainings are getting into furrow, the fine tuning of relocation becomes second nature, and you don't think of it, you just do it.

Regarding the process of training. After positioning the Epi-no inflated I've delayed the balloon inside for 2-3 minutes. As to my self, I've found it very difficult to compete with sequence of long minutes of stretching. This made me break my practice into three 'mini-trainings' every time. After each and every such 'mini-training' I was curious to see what measurement of baby I could have given birth to without a scratch and measured the balloon in it's widest scope, using a flexible measuring tape, in order to get as accurate a result as possible.

It is important for me to note that I've decided to use this method at my one risk, knowing it has no reference on the manufacturer's instructions, knowing I'm taking all risks on my responsibility. For me, it was perfectly suitable.

At the end of each mini-session I was curious to know the exact measurement of the balloon and therefore measured it using a measuring tape. A diameter of 26 was easily achieved. After all it was my second birth (in the 1<sup>st</sup>, on '94, the balloon was not available yet).. What I discovered was a certain pattern that repeated itself over and over again. It seemed that the first mini-session was the poorest, reaching the smallest perimeter; the second mini-session improved the achievement by at least 1/2 cm, while the 3<sup>rd</sup> maintained the outcome of the second one. In other words, if I reached 25.5 cm on the 1<sup>st</sup> mini-session, indeed I improved to 26 cm on the 2<sup>nd</sup> and maintained these 26 cm on the 3<sup>rd</sup>.

Knowing that the average measure of a baby's head is 34 cm I understood I still had way to go. After two days of trampling I took a decision to progress significantly. It was not easy but absolutely possible. I've discovered that what worked for me was using a very constant pace of relaxation-inflating cycles. After the first 10 easy inflations I practiced the relaxation-inflation cycles as automatically as possible, meaning inflated 3 inflations and rested for 3 full breathings, using the counting 1, 2, 3 for each cycle. I personally found counting very relaxing, although this pattern may not be useful for all.

However, after a few times I reached the measurement of 28 – not bad, yet, not enough. I knew something was not working for me anymore in the larger scales. Something was stacked and I had to quest again, look for a new technique that will help me go through the difficulty. I'm a little embarrassed to tell but the thing that started to pecker in me and raise It's head was none other than fear. I was afraid of the implication of failure. Planning a homebirth, I've treated the balloon as the most powerful tool of assimilation. If I fail to cross the border of confidence and convenience, how can I trust my body to perform a homebirth? What kind of a birthing woman am I if I refuse to crack my comfort zone of stretching? How can I afford to give birth well if my training proves the opposite

Unbelievable but this 'inner motivation conversation' did work! These fears became my very efficient partners for training at this stage. Imagining all I might have to go through if I don't succeed (episiotomy, stitches, my reputation as an importer and as a flag-bearer of natural childbirth), and the trainings switched into a new gear. It may sound unbelievable but a good part of the way, from 29.5 to 32 was gained easier that getting from 28-29.5.

A great source of inspiration for me was also testimonials and 'training stories' from my website forum.

Once I reached the awaited measurement of 32 cm, the training slicked into a nimble routine. Deep inside me I knew thanks to training achievements my



condition and chances for a soft, smooth streaming birth were excellent. I felt as if I was facing my own Olympic game. And so it was. In the process of birth itself I was so used to the senses of pressure and stretching that in many ways the birth felt like another training. There is nothing like the Epi-no as a birth trainer. As I got up after having my child, to take a shower, completely intact of course, I couldn't believe how easy and simple birth could be.

Ruti Karni-Horowitz  
Tel Aviv, Israel  
March 2007



MARTIMEDIC, S.L.