

THE BIRTH OF DANIEL

This is a story of friends sharing in a healing process that led to unexpected lessons for both. The intention to use energetic healing techniques to calm preterm labor enables them to view the unborn child in a new and expanded dimension, one where the fetus is a unique individual with his own energy field, issues, healing needs and powers

By GAIL KIPINIS

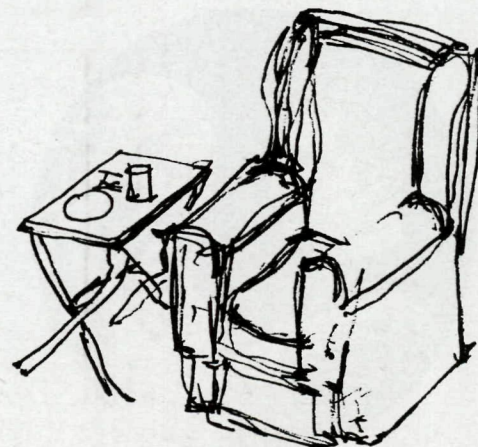
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It was a lovely Southern California June with flowers in bloom and the sun making its way through the coastal morning haze. It was especially lovely for those who could be outside to enjoy it. Susan could not. She was 32 weeks pregnant and restricted to bedrest. At 26 weeks gestation she developed preterm labor and gestational diabetes. It happened shortly after her mother's death, followed by her trip to Oklahoma to settle the estate. She needed to move heavy boxes and now felt very guilty for doing all of it alone. She had lost her last pregnancy at 14 weeks gestation for unknown reasons and every day with this little person growing inside of her was precious. As a high risk obstetrical nurse, she had spent years of her professional life caring for and monitoring mothers in similar situations. But this was different, it was her own reality. Each day was long and unplanned. Her husband fixed breakfast and lunch and placed them in a cooler next to her recliner in the family room. Her adolescent daughter assumed housework with a smile on her face in hopes of a sibling to call her own. Susan had all the family support that any woman could hope for at such a challenging time in her life, but still it was not easy. Her telephone was her lifeline to the outside world and visits from friends

were the highlights of her weeks.

I was a close friend of Susan. We had met professionally and our closeness grew initially from our kinship as divorced mothers. We shared child care, our kids' swimming lessons, and carpool to summer day camp. Our relationship had blossomed as we both married and now were creating our second families. We shared many life events together. She was my matron of honor (I called her my "Best Lady"), she attended the birth of my second child and she called me to be with her at her mother's deathbed. Although I was leading a very busy life during Susan's period of bed rest, I did my best to be supportive both in person and via the phone.

On this particular day, I offered to bring lunch to Susan in her recliner. When I arrived she appeared nervous from the Terbutaline that was continuously



being pumped subcutaneously into her body to stop her uterus from contracting and preterm labor from occurring. She smiled sweetly and while we ate lunch she begged for news of the outside world. She talked about her feelings of guilt over causing another problem pregnancy. After we were finished I offered to share a session of Healing Touch with her and she immediately accepted.

For approximately two years prior to this, I had taken over 120 hours of classroom instruction on this energetic healing modality through the American Holistic Nurses Association. To become certified as a Healing Touch practitioner I was required to give 100 treatment sessions, do extensive self growth, present a detailed case study and produce a volume of paperwork. Healing Touch is a philosophy, a way of caring and a sacred healing art. It uses a collection of energy-based treatment modalities to assess and treat the human energy system, thus affecting physical, emotional, mental, and spiritual health and healing. The quality and impact of the healing is influenced by the relationship between the giver and receiver. The goal in Healing Touch is to restore wholeness through harmony and balance with the practitioner facilitating/assisting the client to self-heal. It is a compliment to traditional approaches to health and healing. It is not a substitute for them.

Upon assessing Susan's energy field with my hands, I found her to be very balanced on all levels including the physical and emotional. This was most unusual considering her condition



and level of anxiety. Totally balanced energy is a uncommon finding for an initial assessment but a desired outcome at the end of a treatment session. I was acutely aware and sensed that she had spent considerable effort at balancing the different aspects of her life and was at peace inside herself. Although this was not an area of her life that we had ever discussed in detail, I shared my awareness with her. She looked at me in amazement and said that she had begun a great deal of internal self-development during the last year through meditation. Her deepest goal was to be able to balance the emotional, spiritual and physical aspects of her life in both her professional endeavors and graduate school. I was able to affirm her attainment of this goal.

How could this be that she were experiencing a complicated pregnancy? I asked Susan if I could assess the energy of her fetus to help us facilitate further awareness and healing. She agreed and I continued. We both focused our intent on the healing of her pregnancy and became astutely aware of increased fetal movement. I had to shift the vibratory level at which I was working to a much higher one to accommodate her unborn child, and the excessive fetal activity stopped.

Susan and I felt a tremendous energetic shift and her

baby's energy imbalance. I refocused strongly on assisting the rebalancing of his little energy field but was unable to. After a few minutes, I concluded that this was not meant to occur. She looked at me with wide eyes and said, "These difficulties with this pregnancy are not mine! I would never have guessed it might be the baby's. He is a part of me yet complete with his own issues and energy."

With these observations Susan's guilt was relieved, she rested much more comfortably and the remaining few weeks of her pregnancy were spent in peaceful anticipation.

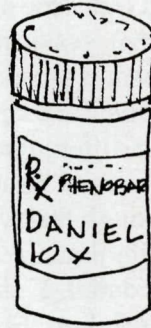
On August 8th, at over 37 weeks gestation (full term), Susan went into labor. Within two hours she arrived at the hospital with her husband to coach her. Her contractions were already two to three minutes apart and vaginal examination determined that her cervix was 5 cm. dilated. They decided to attempt a VBAC (vaginal birth after cesarean). Her first child had been delivered by cesarean but she wanted to deliver this baby with the least amount of risk for both. Due to the increasing intensity of her contractions, she requested, and was given, an epidural which decreased her contractions for almost two hours. Her doctor ordered Pitocin to intensify her contractions and within 90 minutes she was fully dilated at 10 cm. After pushing for over two hours, the baby would not descend through the birth canal and a cesarean section was performed for the medical indication of cephalopelvic disproportion.

Daniel born at 4:05 am on

August 9, at 6 lbs., 8 oz in weight, was 19.5 in length. He had strong apgars of 7 and 9 which shows that he had good skin color, respiratory rate, muscle tone, heart rate, and a hearty cry scored at one and five minutes following birth. Initially, his blood sugars were low due to Susan's gestational diabetes but this was corrected with feedings of glucose water. The first two days of his life were uneventful as they stayed in the hospital, but for Susan they were torture. She developed a paralytic ileus, a blockage of her intestines, which rendered her unable to pass gas. Her abdomen distended causing misery unrelieved by pain medication, Harris flushes, or other treatments. After two miserable nights she requested "healing touch." Never having treated this particular problem energetically, anxious to not only assist Susan's healing, I also wanted to test the efficacy of healing within this arena. Immediately I began the treatment session. Her nurse came in shortly thereafter and asked what we were doing. I briefly explained and she commented that she would like to be my next client. Healing touch often has this effect on other people present. I have had patients and their roommates both fall into a deeply relaxed state or sound sleep. Before I even felt that her treatment was complete, Susan excused herself to the bathroom and passed gas for this first time. The remainder of her recovery was uneventful. Things became more intense for Daniel, however.

On August 11th, the day they were to be discharged, Daniel was circumcised in the

newborn nursery. Twenty minutes later he seized. The seizure lasted two to three minutes with his eyes rolled back and his breath held for a large portion of it. The EEG and medical workup that followed showed no cause and no abnormalities but he was placed on Phenobarbital.



Two days later, as the nurse was giving them discharge instructions for Daniel's medication, she noticed an irregularity, and called the pharmacy. She returned, informing Susan and her husband that there had been a terrible error. The pharmacy had mislabeled the Phenobarbital. Daniel had already received a dosage 10 times above normal. Blood had to be drawn from baby Daniel to determine a serum Phenobarbital level which proved to be non-life threatening. They were released later that day.

The following few months were encouraging with the repeat EEG at six weeks being negative. At six months old, Daniel came off the Phenobarbital. At 18 months old, Daniel fell and bumped his head, turned blue, and held his breath, for approximately one minute. When Susan reported this to her pediatrician he said that it sounded like "breath-holding" and that Daniel would out-

grow this at age four or five. Susan describes Daniel, at 19 months old, as a happy, giggly boy with incredible drive and high energy, and capable of having 30 minute periods of intense concentration. Her quote that most typifies Daniel's behavior is, "I think he might be an advanced soul frustrated in a baby's body."

At present, Susan is again pregnant, receiving Therapeutic Touch, an energetic healing therapy which is the foundation of Healing Touch, on a weekly basis and is at 18 gestational weeks without any complications.

Healing comes in many forms — and is not the same as curing. □

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