

## MY BABY BOWEN LOG BOOK

***Jane Murphy says “Using Bowen after delivery may provide a simple solution to the problem of not sucking. It seems to settle the head trauma and hopefully will allow the infant a great start in life free of locked-in-patterns of survival and reactive muscle patterns that may contribute to ongoing imbalance and ill health in future years.”***

*There are amazingly simple “body button’ or ‘procedures’ that I use on the body to help heal or reset the normal functioning of the body, starting with being able to and willing to suck after birth.*

**4.4.11** Mother in labour, but had not dilated from 3-4cms overnight for (7-8hrs). When I started my shift at 0700, I gave her BRM1 and pelvic procedures and she went into good labour. A little later I gave her the sacral move and she was fully dilated within a few hours and the baby was born with a few pushes. When baby was born I gave it Baby Bowen and BRM 3 and the purple shignon on the back of its head disappeared very quickly and he proceeded to then suck well at the breast!

**17.1.12** Baby born stunned apgars 6 and 10, and required Oxygen and bagging. I quickly gave Baby Bowen and it picked up quickly. The mother had started to haemorrhage profusely. The doctor immediately wanted me to get 4 Cytotec tablets from the drug cupboard and draw up 40 Unit Syntocinon IV drip to commence immediately. I quickly gave mum the BRM1 stoppers (the Emergency Moves), ran out of the room to get the medication, when I came back into the room the bleeding had settled down considerably.

**18.12.11.** 0730hr My patient was 2cm dilated, ruptured membranes, clear liquor (amniotic fluid), not yet contracting or in good labour. The plan was to induce labour if she didn't get going herself. I gave her the lower back and pelvic, and sacral procedures throughout the morning. She started to labour well

using only nitrous oxide gas for pain relief. By 1100 hr she was fully dilated!

That is a very fast for a first time mother!

**21.1.12** My patient had a very fast delivery and gave birth in only 4 pushes. Baby had a very bruised purple stunned little face, and was very gurgly and mucousy as it hadn't had the normal vaginal squeeze when pushing up, as she had such a rapid delivery.



Being very blue and rattly, I gave baby Baby Bowen and BRM3 and TMJ cross. Her little face pinked up instantly! Later I still needed to suction her to remove the mucous and she then fed well.

**6.2.12** I was doing my afternoon rounds checking my mothers and babies, when after entering this patients room, I noticed her baby was a very grey colour and making a weird whistling, kind of

grunting sound. The mother said the paediatrician had seen her baby that morning and said she had a “floppy larynx”. The parents were understandably worried as she had delivered the previous evening and baby was still noisy. So I explained that I was a Bowen therapist and what Bowen therapy was, and gently gave Baby Bowen and BRM3.

She pinked up immediately, and the noise seemed to quieten down. I also looked after her the next day, mother said that the noise had completely stopped overnight and that her baby had slept well, remained beautifully pink and was feeding well too!

**14.2.12** Today I was looking after 6 ladies in postnatal ward. 3 were Day 1 caesareans for failure to progress in labour after failed inductions and a new delivery using forceps that morning!

In handover report it was said that 4 of the babies had feeding problems. That can take hours of your time and be the cause of much upset for the mothers. I gave each baby Baby Bowen and BRM3 taking about 30 seconds to do, all were feeding well immediately afterwards.

**14.4.12** Mother was having a LSCS (caesaren) as baby was a transverse lie. (not in head down or breech). During the operation Dr tried to turn baby to get it out from head to

## MORE OF JANE'S BABY BOWEN SUCCESSES

breech with no success. Baby was born very shocked, white and flat. Apgars (score out of 10 determining the infants condition at birth) were 5 at one minute and 9 at 5 minutes. I immediately gave the Baby Bowen and it picked up, pinked up and became more lively. In recovery, baby sucked like a dream. Mother said her 2 previous babies had not successfully breastfed in hospital at all.



**30.4.12** Mother had a caesaren for failure to progress (not dilate), CPD (cephalopelvic disproportion) and foetal distress. Baby had good apgars but had an extremely elongated (ET like) head and a jaw that was way out of alignment. After giving the baby Baby Bowen and BRM 3, in recovery baby wanted to suck at the breast but was having difficulty and squealed with the pain. With the TMJ procedure its head/jaw came nearly back into alignment and successfully breastfed. The baby also had a deep forcep indentation on the right temple from the lift out, so I did a Bowen move on it and although the redness stayed, the deep indentation filled out straight away.

**April 2013**, I was on an afternoon shift and the morning midwife looking after this mother of 31 weeks and 4 days gestation in premature labour, said she was starting to have tightenings that were increasing in frequency. So straight after report I went to put the CTG cardiocograph machine on her to monitor the contractions. Mother now said that the premature contractions were getting stronger

and more frequent. Now 1-2 minutely. I rang her doctor and asked could she have her regular medication to stop the contractions early. I gave it as ordered, but without any improvement. Mother was now very uncomfortable and in tears and said that the pain felt like a huge rubber band across her tummy, like an "horrendous cramp".

When I heard the word cramp I thought of Cramp Move!! I gave it to her after a brief explanation and you could see the premature contractions virtually were stopped in their tracks. The monitor was still on recording this, and you can see where and at what point the Bowen was given. It was really amazing!

In a few minutes it had totally stopped. Within half an hour I again checked on her and she was fast asleep!

**5.3.11** This mother had a very long and exhausting labour of 24 hours. At the time I was taking over her care, she had stopped contracting despite a Syntocinon IV infusion. She was fully dilated but not contracting and so the baby's head was not descending. To get her back into labour at 0800 I did the Coccyx move on her, and the contractions started up again at 2 minutely. She delivered stunned 3.8kg baby boy at 0912, by a kiwi cup vacuum delivery. The doctor wanted him to have some Oxygen so I took him over to the baby resusitare and gave him Baby Bowen and BRM3. He immediately brought up a big plug of mucous which I gently suctioned and gave him some O2. He turned a beautiful pink and I placed him back on mum's chest for a cuddle. By the time the doctor had stitched mum up his head had changed shape, the bruising had settled and he sucked well at the breast.

**March 2011**, At the beginning of my shift, I'd only just received from handover report that this mother was 4cm dilated. She was standing up rocking against her husband and in considerable pain. After introducing myself, I suggested/ offered to give her the Sacral move to assist with the pain relief. Within 10 minutes she felt she wanted to push. I examined her and she was fully dilated to 10cms. I found that giving the Sacral move was a fantastic procedure for pain relief in labour and also if well timed helped to dilate the cervix quickly.

**March 2012**, I came on shift in delivery suite and a mother who had just delivered an hour or so previously was having extreme pain just under her sternum. Her doctor thought maybe she had herniated her stomach through the diaphragm. On taking over her care, he asked me to give her 100mg of Pethidine as an intramuscular injection. After explaining to her and her husband, that I was a Bowen therapist and what it was, she agreed to try some Bowen therapy, as I explained there was a procedure that helped with hernias in this area, and if it didn't help of course I would give her the injection her doctor ordered.

I gave her the Upper Back stoppers and then the Respiratory Procedure. Amazingly the pain immediately subsided, and she said that she didn't require the Pethidine any longer. The doctor came back and enquired as to whether I had given her the injection, she told him that the midwife had given her Bowen and she was now pain free!

*Jane Murphy is an accredited Bowtech instructor from Sydney, NSW*

