

HOLISTIC MIDWIFERY, VOL. II:
CARE OF THE MOTHER AND BABY FROM THE ONSET OF LABOR THROUGH THE
FIRST HOURS AFTER BIRTH
ERRATA & CORRECTIONS

Well, it's a big complex book and my fear is I would leave something out or make mistakes. As it turns out, there are a few corrections and additions that I or others have already discovered. Please print these out and correct your text:

p. 13. Look along the left side of the drawing. Please use correction fluid to delete the label and accompanying line for the "Ethmoid bone." This bone is not really visible from this angle. As it is printed, the line erroneously points to the portion of the eye socket contributed by the frontal bone. Also, in some copies, where the main line enters the left side of the drawing, the double border line is broken, you can use a fine tipped black ink marker to fill those lines in. These copies also have a tiny horizontal extension of the main line that juts off to the right just as the line enters the drawing. White that out as well.

p. 76 last paragraph, three lines from bottom, should read "Since more babies engage in a left occiput anterior or left occiput transverse position, . . .

p. 89, fifth full line from bottom, near right margin: change relaxes to relax

p. 92 number 3., middle of second line, change (the baby's right) to (the baby's left)

p. 95 number 3, middle of second line, change (the baby's left) to (the baby's right)

p. 341. The second full paragraph, second sentence, the word "artery" should be replaced with "vein." This sentence should read: "Thus oxygen moves from the maternal blood to fill the lower pressure space in the umbilical vein and from here is distributed to the rest of the fetus."

P. 350. Half-way down the page, under the heading "Fetal Anemia" the last word in the sentence, "profusion," should be spelled "perfusion."

P. 430. All three drawings on this page should be credited as follows:

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P. 899. mid-page, 4th paragraph, end of second sentence, last word should be leg (not let).

P. 1003. Credits for the acupressure techniques are not correctly assigned. They should read as below:

More acupressure priming and induction techniques

Certainly one of the least invasive ways to encourage labor to begin is acupressure. These are good techniques to try before moving on to other, more interventive approaches. There are several different protocols for inducing labor. These techniques can be used alone or in conjunction with other labor-inducing techniques, such as herbs.

LI-4 and SP-6 can be stimulated simultaneously on the same side (right or left) or contralaterally (right hand, left foot, then switch) to increase the frequency and strength of contractions. Hold these points for several minutes every half hour or so, or continuously. When using intermittent stimulation, switch sides with each session (Betts, 1997; Lowe, 2003).

Use your thumb to apply direct pressure to SP-6, then use it to massage down the leg from SP-6 to the Achilles tendon. Stimulate both legs 5 or 6 times, counting slowly to 60 each time pressure is applied to SP-6. Labor should begin in 1 to 1.5 hrs (learned from an Israeli midwife, midwifery Today conf, London UK, 1997).

Apply pressure to LIV-3, LI- 4 and BL-32. A sharp-tipped object, such as a pen tip or small crochet hook tip can also be used to stimulate Bladder 67 on the little toe, especially if the baby is not in a great position (Lowe, 2003).

Stimulate LI-4 by applying firm pressure at an angle toward the uterus, which should help strengthen or regulate contractions (West, 2001).

p. 1065. Both drawings on this page should be credited as follows:

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