

---

# Report from the CARE I Colloquium: Pregnancy, Birth, and Early Childhood

— Heather Church

When I was a kindergarten teacher, I observed that the children who arrived in our classes were already behind in their development. I also saw that, even with our healing education, they could not catch up with development that had not happened in the first three years of their lives. Since that time, I have been on a journey, looking for new forms and processes to support parents and children in pregnancy and during the first three years of life. This is a search for ways to strengthen those that care for the youngest children.

In June, 2019 I was privileged to attend the CARE I interdisciplinary colloquium at the Goetheanum in Switzerland, together with my colleague from the Birth to Three Advisory Circle, Liz Hagermann. The colloquium had been planned by the CARE I Group of the Medical Section to bring together multiple disciplines working on the same theme: Pregnancy, Birth and Early Childhood. CARE I is one of five interprofessional collaborative groups that work together on five specific areas of health, chosen out of the challenges we currently face with patient care in our times.

Michaela Glockler initiated this work with the idea that taking care of someone is not or should not be doctor-dominated. The old ways are not working any longer. We are now in a phase of inclusiveness, social development, and curative healing. We need to ask ourselves the question, **“Is what we do in anthroposophy understandable for those who are in need of and seeking care?”**

The participants in the colloquium consisted of general practitioners, nurses, midwives, art therapists, eurythmists, educators, gynecologists, neonatologists, pediatricians, psychotherapists, therapists, social workers, and parents. Representatives from several of these realms shared aspects of their research and experiences over the three days of the conference. What follows is my story of what we learned, along with new questions for all of us to live with.

First and foremost, patients’ trust in the caregiver is no longer a given. Caregivers now have to learn to be open, creative, flexible, empathetic, and collaborative with those seeking healthcare. We

must agree that health is the most important aspect of being human. Therefore the gesture, attitude, and language caregivers use needs to be open, accessible, and understandable. In our times, parents have been traumatized. Analogous to the iceberg, what we see above the water is small in comparison to what is living below the surface. **How will we re-create trust in our time?**

The birth story was described thus: we start with an egg that is filled with etheric qualities, one that began its journey two generations ago, when the mother of the child was in utero. Then along comes a very young, astral-infused sperm. These two opposites come together in a kind of gold process to allow a child to incarnate.

Then in utero, the four aspects of the human body begin to form. The etheric, astral, and ego begin from outside the fetus to grow and become. Physical building of the organism began with conception.

## From which organ does a child come?

The impulse for birth comes from the organ of the child—the placenta. The warmth of the embryo is in the placenta and regulates warmth and the heart. The placenta has a building quality. The child is being incarnated in the placenta and connects physically through the umbilical cord, bladder, circulation, and excretion of nitrogen. The placenta takes care of poisons.

The etheric is in the amniotic fluid. Here is a floating quality; the brain also has a similar fluid around it. Within the yolk sac comes the development of heart and blood in this fluid realm. The astral lives in the umbilical cord and is connected to the lower pole. The spiritual being of the child is building the “I”. These four processes, reflected in the placenta, amniotic fluid, umbilical cord, and yolk, are threshold crossings for the child entering into the physical earthly world.

The next question is **who decides when it is time for a birth?** It is the child who makes this decision, who makes the first move, unless intervention is decided upon. Then we must ask the question, **is the child ready?** Usually they are. But when they are not,

---

complications can arise and much more care must be taken to support the child's development into the earthly world. So many factors play into the increase of Caesarian sections—fear, stress, technology. Statistics show that only 35% of pregnancies are “at-risk,” yet the percentage of C-sections is much greater.

Before the 1800s, midwives delivered babies, then doctors came into the picture to make birth safer. Birth, however, became clinical. Now, in our time, pregnancy and birth have become an emergency; we no longer are able to live into and trust the miracle of birth. There are three possible experiences for mothers: a healthy birth, mother-led with no complications; a birth guided by medical care; or a birth experienced as critical care or emergency.

When a child comes early, there are three substances that can be of immense support to premature babies as anthroposophical remedies: Amnion, which enlivens soul substance; Athanasian, enlivening to etheric substance; and Argentum which enlivens the physical substance. These contain healing qualities to lower the use of antibiotics, build up the immune system, and support the maturation of the bodies.

Premature babies can also be supported by music therapy with the kinderharp (lyre or child harp). Playing the lyre without rhythm in the space around the child builds a pathway to the earth. Cradle songs can be taught to new mothers to sing to their babies. The mother's voice creates space for healing and bonding and gives the child courage that is so needed. Singing when caring for twins can help the child who is waiting to feel held in the envelope of the mother.

In a healthy birth, there is a threshold experience. The mother has to go to the threshold, to the edge of life, to get her child and then return. Where in our lives do we get to practice this? How can we find the courage to do this? Mothers today are given the illusion that they could have a pain-free birth experience. **How can we build resilience, courage, and faith in mothers and their children?**

For the newborn child, there are three places where they must feel at home to become citizens of the earth. They must feel at home in their bodies, in their family

home, and in their social community. **How can we support and care for this with the child and parents?**

When children come to this earthly life, they come wanting to bring the world closer, to embrace it, not just see it. They want to make it useful, create from it, and become the master of it. Creating a bond with the mother is key to a long and healthy life. **How do we create a chalice for the child to come into being and fulfill one's mission in life? Who are the people who will take up this important work?**

Midwives are the companions of mothers. They keep mother and baby healthy for their future. The midwife is a shepherd who laughs and cries with a mother. Midwives accompany the mother in the threshold space and have an opportunity to train and empower new parents.

Nurses are responsible for “everything and nothing.” They are balancers holding the space between structure and flexibility. They are the first to touch and care for children when they arrive in the physical world.

The conference shared important insights from the research of Emmi Pikler at the Pikler Haus in Budapest. The Pikler Institute educates caregivers in healthy ways to touch and care for the incarnating child through relationship, kindness and respect.

As part of the Colloquium, eurythmy therapy for pregnancy and birth started each day. Eurythmy means “good rhythm,” and pregnancy, childbirth, and postpartum recovery are rhythmic processes. I personally resonated deeply with the eurythmy, which brought me back to my own experience with birth. We were brought an image of mothers needing to step back and out of their bodies to carry a child, as there is only room for one ego in a physical body. We actually experienced that eurythmy can support pregnancy and birth, helping the mother to come out of her head and into her body. The body that is carrying the child has great wisdom.

Watercolor painting can be utilized in beginning the bond between mother and child long before the birth, using head, hands, and heart to manifest the mother's relationship to pregnancy. It is also a possibility to use

painting when issues arise during pregnancy, and can support the incarnation of the child.

Doctors are working to develop a new artistic attitude warmed by empathy, encouraging parent participation, trying to stay in the question and to trust the child. The medical section has worked hard to create new resources for colleagues and parents, including a CARE web site, a fever app and media fast web site.

My thoughts about the children in our classrooms were echoed by the teachers who spoke at the colloquium. The portal of birth sets the stage for development. The birth event is the beginning of the child's story and the teacher of later years is able to see this in the child's movement ability and in the body. Many children come through C-section in our time and miss their first and most important experience of touch. It is touch which creates a healthy sense of boundaries. Children who dump toys during play may be suffering from a poor sense of boundaries.

**What do parents need? How can we support parents in pregnancy, birth and the care of the child in the first three years?** Several surveys have been done to try to understand what is needed by the parents of today. The needs of parents ranged from "How do I calm my child?" to wanting answers that respect diversity of parenting styles and cultural differences, but which can apply universally to child development and parenting. Today's parents do not very often have family support and use apps and technology for support. They are a generation that wants clarity and likes to have things delivered straightforwardly. Parents want to know how they can learn to identify what their child needs, how to protect their children, and how to overcome their own fears, and they want the responses to be practical and not too esoteric. **How do I prepare my child for what is to come? How do I develop capacities within myself to be able to support my child?**

UNESCO has identified that children have the following needs:

- to be able to be in a multicultural community
- to be able to relate to and encounter others in new ways
- to be able to take risks and be brave and have a strong inner spiritual core

Anthroposophical care can provide all of this to the child with love, joy, and goodness.

In the first thousand days or three years, the child is formed by the surroundings. And for the first two or three days of parenting, parents are open to learning. Who is there to help? Very quickly the door closes to learning as a parent. After that, a habit body is formed which is then very hard to change. The more attention we give to supporting parents in the early days, the more we can make a difference. Who can support parents in the first days of a child's life and beyond? Professionals are needed who can meet eye-to-eye with the parents as partners. How can we create a prevention chain? Where is the network between disciplines? Where are we creating a chalice for the child?

Fathers want to feel that they are a part of the process. Those who are there when the baby arrives and attend classes with the mother will be there for the long haul. Fathers need men's groups or networks to build trust and grow familiar with parenting. They need to feel that they have a role in the family. In Europe, there are centers, such as the Filderklinik, that offer support for mothers, fathers and families. Individual and group work with multidisciplinary professionals focuses on developing parenting skills.

There are three key windows to deepening work with parents. The first and foremost is to work to develop trust between caregivers and parents. The second is to support balance in a parent's life, creating a breathing wisdom that balances the needs of the parent as an individual, the child, and the parent as a professional. The last key is for parents and supporting professionals to realize that developing as a parent is a process, not a conclusion to be reached. Through pregnancy, birth and early childhood, we go on a journey together with acceptance and working together with questions rather than giving answers. What do we as professionals need to develop in ourselves to grow these three capacities?

Hartmut Rosa has written about "Resonance," the ability to evoke or suggest images, memories, and emotions. He says that we are called to the world by relationship and that answers come to life in the conversation between us. Our experiences create reactions that open the door to our own transformation. We need to develop processes that will create an openness to the future. Can we find new ways and create new platforms? Old ways are dying

---

away and new forms need to arrive, forms that take us through processes together.

Resources from the Colloquim continue to grow out of the work being done in this field, with many resources available through the Anthromedics web site ([anthromedics.org](http://anthromedics.org)). In June 10-13, 2020 CARE I will come together again in Dornach for the “Dignity of the Child” Conference. We hope that others from across North America are able to join as we deepen this vital study of pregnancy, birth and the young child. ♦

**Heather Church** *has worked in Waldorf early childhood education for nearly twenty years. Her many roles include mixed-age kindergarten teaching, parent education, teacher mentoring, school leadership, and inner development for both parents and teachers. Heather trained in Birth-to-Seven education at Sunbridge Institute and Birth-to-Three at Sophia's Hearth. She is also one of two WECAN board members representing Canada, Regional Representative for her region, and is serving as the Birth-to-Three coordinator for WECAN.*