

Dr. Nancy: Welcome to Wednesday's live! I have a really special guest today and I know there's so many people anxious to see this broadcast. It's been a buzz all week. So people have been waiting to hear from you. I have Gail Tully with spinningbabies.com. So anybody that's ever had a breech baby has probably been on her website. I want to introduce Gail. Gail, say hi to everybody.

Gail Tully: Hi, everybody. I'm so glad to be here with you.

Dr. Nancy: Just a little background, you've been doing the Spinning Babies website for how many years, 12?

Gail Tully: Well, it's 2019 and I started the website approximately 2001.

Dr. Nancy: Oh, has it been that long? Okay.

Gail Tully: Yeah, 18 years.

Dr. Nancy: Wow. That's a long time.

Gail Tully: It was very tiny in those days.

Dr. Nancy: Yeah. Were websites even around back then? I can't even remember.

Gail Tully: Yes. That's the '90s. It was innovative. One of the fathers who had a VBAC baby at home, they had had four cesareans and now they had their first vaginal birth at home.

Dr. Nancy: Oh, wow. Is that what started this whole thing? What started the website?

Gail Tully: Yeah. The website was to share information that people were looking for. I just thought I'd put some ideas up. I had been a midwife and a doula and a doula trainer and activist in Minneapolis. We helped non-profit organizations get doula training. I got to be part of the county hospital doula program. We brought in the doula program. And I had a question how to help posterior babies. How to help people have easier births with posterior babies.

Gail Tully: I thought I'd put together a little afternoon workshop with my peers, the doulas and midwives of Minneapolis, and see if they thought that it was making any sense. I wanted their opinion because I was writing a book. Which I haven't written yet, because I found out there was so much to learn. And now I'm so busy doing these workshops, which took off like wildfire. Now we have five trainers and we have another nine, 10 coming in.

Dr. Nancy: Oh, wow.

Gail Tully: So we'll have 15 trainers as of August this year. It will be wonderful. It's really growing.

Dr. Nancy: Just seeing you grow from a website ... We were talking earlier, I remember her early website was just so ... I don't even know if the letters all lined up with each other, but now it's beautiful, your website.

Gail Tully: Thank you. We're interviewing website designers right now, so it's exciting to grow and stay with the new birthing generation and what are their needs.

Dr. Nancy: Right. So let's talk about what you want to talk about today. You were saying that it's more than just about the baby's head down. The Spinning Babies, why don't you talk a little bit about that?

Gail Tully: Thanks, Nancy. When women hear that their babies are head down, there's such a feeling of relief. And there's some confusion later sometimes, for some people that expected a natural birth. And they had found out that, hey, my baby is head down. I heard that my baby was in a good position. Now my labor's not starting or it's starting and stopping. Or it's taking longer than expected. I expected a nice natural birth, perhaps. Or at least a straightforward one. If I was taking pain medication, I wanted it to work for me and not against me. You know, these questions of why me? Why is my labor longer and more different than my friend's or my neighbor's?

Gail Tully: I started to ask that question, "What is that?" I found out it's more than head down. It's the angle of the baby's head in relation to the pelvis. This three-dimensional puzzle piece of the longer head into the pelvis that's long in one direction but not the other direction. And they have to line up together.

Dr. Nancy: Yes. That's true.

Gail Tully: People think about it, okay, if the ball and the basketball hoop are not both round, [inaudible 00:04:55] turning. And that's not what Spinning Babies is about at all. It's about this duo of birth giver and baby and the dynamic interactions between the two, which are based on connective tissue, muscles and ligaments. You know the bony pelvis. The alignment of the bony pelvis, yes. The mobility and stability, yes. But not the size. This whole thing of so many people having too small pelvises for the babies. You and I know that's not particularly true. It can be, but it's rare.

Dr. Nancy: Very rare, yeah. That pelvis does amazing things when a baby comes out of it.

Gail Tully: Right? Like, move out of the way. Why would this amazing feat of nature be different for humans than the rest of the world? The rest of the animal kingdom? It's not. Our bodies are awesome.

Dr. Nancy: I know, right? Yeah and if those muscles and the ligaments, mainly the muscles, if they're restricted in there, that pelvis is not going to expand like it should or even equally. I know I tell a lot of moms, "We're trying to get you balanced."

Gail Tully: Yeah, you used the word balance and you talk about muscles being restricted. Tell us what would cause the muscles to be restricted.

Dr. Nancy: Oh, a lot of things. Even in my profession as a chiropractor, I use one side a lot. Repetitive motion. So that will tighten up my psoas. It's repetitive motion, it's posture. Yeah. Subluxation, the bones being locked up. It's so many things. Scar tissue from previous issues.

Gail Tully: I say balance is not too tight, not too loose, not too twisty. If we could untwist the cervical ligaments. Once we take something that's too tight ... I mean, we're not taking it, excuse me. Once we create the environment and create the stretch or jiggle to let that muscle relax, then its partner muscle also comes into balance, very often.

Dr. Nancy: Yeah.

Gail Tully: Yeah. Spinning Babies has been a receptacle of ideas. Successful traditional techniques and modern innovation, bodywork, understanding the soft tissues. And now we have sports science, physical therapy science, new science on the fascia. It just really has been coming out since 2017. And a little bit before that, but it's just really coming out now, that validates those traditional techniques.

Dr. Nancy: Yes.

Gail Tully: Getting part of the body jiggling, like the many areas of the world have done that. Or a slow, steady stretch like Dr. Carol Phillips' sideline release that you mentioned before we got on.

Dr. Nancy: Yeah. I was telling Gail that I did my training under Carol and I did my diplomate in pediatrics. She was my instructor who taught me all the Myofascial work, the body work. We started with pregnancy and then we moved to babies. We do a little more than just Webster sometimes, it just depends on the mom and what we find. But sometimes we throw in the Myofascial work, too. A lot of the times.

Gail Tully: Dr. Carol's work has evolved so much. I'm taking her weekend three, which is the pregnancy weekend, for the fifth time this June.

Dr. Nancy: Are you really?

Gail Tully: Just to hang out with her and our friends. And it's in my town.

Dr. Nancy: Yeah, I was going to say, she's out there where you are, right?

Gail Tully: Yeah. This will be the fifth time taking that particular workshop, since I first learned about it. The baby who ... I came with a pregnant woman. She needed a pregnant model and she invited me to come and I hung out for the whole weekend. Our pregnant model only for a couple hours, but that baby is graduated from high school now.

Dr. Nancy: Yeah, she's been doing it a little while.

Gail Tully: Yeah. Oh, yeah, she was real into it then.

Dr. Nancy: Yeah. She's probably even adapted the technique a little bit too, I'm sure.

Gail Tully: Oh, yeah. It's significantly evolved, yeah. Yeah.

Dr. Nancy: Yeah. Maybe I'll have to go with you.

Gail Tully: Yeah. Come. It's in June.

Dr. Nancy: I may do that. We'll see.

Gail Tully: We talked about balance. How can parents do this themselves? As I was saying, Spinning Babies is this receptacle, so parents and providers can go to the website [spinningbabies.com](http://spinningbabies.com) and see a list of what are daily activities to help a full range of motion. When a pregnant person goes to a chiropractor and then comes home again, they can use these daily activities to support the balance the chiropractors provide for them.

Dr. Nancy: Yes.

Gail Tully: It really goes well together.

Dr. Nancy: It really does. In fact, a lot of the moms I see will have already been to Spinning Babies before they come in. So it's great.

Gail Tully: Oh, great. Because they're really looking for, what can I do? I've been given a diagnosis of a cesarean. First of all, some breech babies are totally normal in that position. They're all curled up in the smallest diameters. Coming down from the right side, typically, but even sometimes from the left. They're going to just slip down. Slip out, spiral out. But we've lost the skills to support them for those few that sometimes get hung up on a bone. And simply, that can be turning the part of the baby that's caught on a bone, into the part of the pelvis that has so much room.

Dr. Nancy: Yeah. Yeah.

Gail Tully: It's like, here there's no room. Right next to it there's a lot of room. But we've lost those skills, so these babies are at risk from natural birth until we bring those skills back. We're going to have a breech conference in November in Madison, Wisconsin. And there's a lot of activism to bring the skills back, around the world.

Dr. Nancy: Good.

Gail Tully: But particularly coming out of Germany and England. So it's exciting.

Dr. Nancy: That is really very exciting. Because the schools aren't even teaching that stuff anymore. Sorry. Something is falling down here.

Gail Tully: The upright breech skills show tremendously improved outcomes for breech babies. Tremendously improved. So that the fear about breech birth isn't even relevant when the parent's on their hands and knees.

Dr. Nancy: Good.

Gail Tully: Giving birth on hands and knees, the baby is so much safer. But we still need to have the skills, because sometimes they do need to have help being moved. The maneuvers are the same for the cesarean as they are for the vaginal birth, so if the obstetrician is skilled at how they bring a baby out of a tiny cut in the abdomen, which doesn't look so tiny afterwards, but during the birth process, it is the smallest cut possible to bring the baby out. They have to turn the baby this way and that way, like a button through a button hole.

Dr. Nancy: Oh, yeah.

Gail Tully: It's like putting a button through a button hole. You know you have to twist that button. It's the same skills, it's just not the same cultural support for natural birth.

Dr. Nancy: Right, right.

Gail Tully: So parents are using Spinning Babies techniques intensively. Let's say, I think 34 weeks is ideal for breech babies to turn head down. Working with the soft tissues any time in pregnancy, I hope they're going to the chiropractor throughout pregnancy. But let's say taking a week of intense activities for soft tissue is perfect sometime between 30 and 34 weeks. 34 weeks seems key for professional help. By 36 weeks, when parents are taught to pay attention to if the baby is head down or not, the baby has less room. And for some people, that's an issue and for other people it's not. When people are helping what's too tight and what's too loose get into balance, the babies often turn themselves head down.

Dr. Nancy: Yes.

Gail Tully: That's the goal of Spinning Babies, is the baby can do it themselves. But if this person goes to a doctor to have the doctor move the baby head down, called external cephalic version, then if they prepare to take out what's too tight, by doing some of these exercises to get that muscle more fluid, then the baby can go head down and stay head down. But if you imagine a tight rubber band and the baby's head is next to a muscle that's like a tight rubber band. And the doctor turns the baby's head into the tight rubber band, what's going to happen is, boing! The baby's goes back head up.

Dr. Nancy: Right.

Gail Tully: Let's relieve that tension so the baby can say, thank you, now I have the room. It works really well. I'm hearing from nurses and doctors and midwives around the world that are intensively doing these exercises. Forward-leaning inversion, sideline release, the jiggle. Things that we've learned and you've learned and I have. And they're finding increased success. Not 100% success, but dramatically increased success.

Dr. Nancy: Yes. It really makes a difference with the muscles, to get them balanced. And your website provides those tools for these moms, which is wonderful. It's much appreciated in the birthing world.

Gail Tully: Thank you.

Dr. Nancy: I have to show you my little chart I put up here.

Gail Tully: Oh!

Dr. Nancy: If you can ...

Gail Tully: Well, let's see. Baby's head down. Oh, look at you go! With the Webster technique. And I love the Webster technique.

Dr. Nancy: Yes.

Gail Tully: And you're helping the round ligaments as well, aren't you?

Dr. Nancy: Yep. We're back and front.

Gail Tully: Back and front.

Dr. Nancy: Just get the pelvis balanced. That's what it's all about.

Gail Tully: Yeah. Yeah. For people that don't know, the round ligaments are two round ligaments. Think of two pencils, vertical, in the front of the uterus. If they're tight, they're like a pencil. If they're loose, they're really flexible. But they get tight and when the midwife or doctor feels for how his is the baby in the womb? If that ligament is tight, it feels like a zing. Ah, what are you grabbing down there? If you roll over, it can be quite a stitching pain, occasionally. Not every day, but a couple of times a week, for some people. And your ability to relieve those muscles ... There's little tiny muscles inside that ligament. Your ability to let that ligament relax. Then the baby can say, oh, thank you. Now I can get past that speed bump.

Dr. Nancy: Yeah.

Gail Tully: Get his head down.

Dr. Nancy: Yeah. Yeah, it's all about providing the environment for the baby to do what it's going to do naturally. That's the whole goal.

Gail Tully: Hallelujah. Yeah. That's it.

Dr. Nancy: Well, Gail, before we sign off today, do you have any tips for any of our moms out there, that are pregnant?

Gail Tully: My tip would be just love life, love your baby inside. Don't take anybody else's limited view seriously. Find a yes in all of life's adventures. You're welcome to come to the Spinning Babies website and explore. Get a cup of tea. It's going to take a while. It's a massive website. But start with the pregnancy drop down tab and you'll find daily activities, weekly activities, which you can do more than weekly.

Gail Tully: And professional help. You hear about chiropractors and the benefits of chiropractic care. You can find out about fascia care.

Dr. Nancy: That's awesome.

Gail Tully: Life's waiting for you and we're so grateful that you're bringing life to us with this little baby inside.

Dr. Nancy: Yeah, it's such a joy. We have, at our south office, I just found this out the other day, see how disconnected I am? We do have a Spinning Babies instructor that does workshops once a month down there. She said she was going to be on. I don't see her posting yet, so she'll probably watch the rewind of this. She does do, at our other office, she's doing something with Spinning Babies.

Gail Tully: We have Spinning Babies aware practitioners and we have Spinning Babies Certified Parent Educators now.

Dr. Nancy: I think that's what she is.

Gail Tully: She's a Spinning Babies Parent Educator. Parents, if they have the ability to be near one, are in small classes of like five pregnant people, couples. And you go through these exercises. The Rebozo Manteadada, sifting of the belly. The forward leaning version, sideline release. And learn what you can do. It works really well with chiropractic and it works really good. Some people are off in the middle of Alaska, they don't have a chance to go to a chiropractor. So here comes self care.

Dr. Nancy: That's awesome. Well, thank you so much for joining us. I really, really appreciate it. And if you see Carol before I do, tell her I said hi.

Gail Tully: I will, Nancy. And thank you so much for having me here. I hope to do this again.

Dr. Nancy: Yeah.

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Gail Tully: It's lovely.

Dr. Nancy: Great. Thank you so much.

Gail Tully: [inaudible 00:19:37] in Indianapolis. Yay!

Gail Tully: [crosstalk 00:19:40]

Dr. Nancy: Have a great night.