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Physiological birth: a dangerous cult or a scientific fact?

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By Natalie Meddings

The notion of 'normal birth' has been a point of contention for a while. There was Jeremy Hunt's denunciation of normal childbirth as an ideology'1; the RCM's 'RE:birth' project2 recognises the "difficult conversations" around the term 'normal birth' and is seeking to identify alternative language3; the NCT is increasingly focused on supporting parents postnatally; and a sceptical media unanimously present natural birth as dangerous and misguided.

This critical consensus, that the reproductive process is just a risky old lottery*could* be civilizational, the hyper-cautious conclusion of an advanced technocratic age. But all the angsting around how we as a society should refer to and *understand* natural childbirth feels more orchestrated than that. It feels like a deliberate decision to frame birth biology as unscientific. As if nature itself was out of date and in need of a rebrand.

Articles, reports and phone-ins abound on the subject, pointing up over-zealous midwives, misled manipulated mothers, and all of them in agreement - that the pursuit of natural birth is the idealistic preoccupation of a backward few. Physiology as folklore if you like.

Like here for example, in the Guardian4:

> *With 'normal' increasingly redefined thanks to Ockenden, as a potentially dangerous goal, and the catchy but fatuous 'natural' finally recognised – though by no means everywhere - as insensitive to women compelled by nature to accept technological assistance, a range of*

> *replacement synonyms testifies to the continued market for minimal intervention.*

Or again in the BMJ[5]:

> *The language around birth and persistent use of the words 'natural' and 'normal' in the UK belittles the experience of many women and is both socially harmful and offensive.*

And more generalised alarm, this time in the Telegraph, 'This Cult of the*Normal* Birth is Dangerous'[6]:

> *As I type this, somewhere in our country there is a woman trying to have a baby and they are not safe.*

But this public debate on birth is for the most part disingenuous. The focus*appears* to be natural physiological birth. But nowhere, in any of the coverage, is physiological birth explained or basic evidence referred to, for example NICE's bedrock guideline[7] *'For women who are at low risk of complications, giving birth is generally very safe for both the woman and her baby.'*Or the 2012 Birthplace study[8] which found that women enjoying a healthy pregnancy were safe to give birth in any setting. Or that most important and widely confirmed reason to aim for a physiological birth – because it gives mother and baby the best chance of a healthy start.[9]

What gets dissected and questioned is maternity care's*management* of birth; or parents' experience of the hospital process – its competence and capacity for facilitating labour.*Actual* factual detail of birth physiology – the inherent risk of which is under scrutiny after all - is conspicuously missing.

It feels like a reminder is required, of what bioethicist and author Alice Dreger points out:*'the most scientific birth is often the least technological birth.'*[10]

We need to pull away from the powerful current pushing everyone to the same point – a place where truth is what the majority says it is - and to lay out the*actual* truth. The plain facts of birth physiology as they exist.

Birth begins with the cervix – the neck of the womb – softening and ripening in response to the weight of the baby's pressing down as well as prostaglandins that release as a result of that pressure. Together with these mechanical cues, a chemical conversation starts up and the baby sends a signal to the mother's pituitary gland that they're ready to be born.

Oxytocin fires and contractions begin – muscular waves that cause the womb to thicken and bunch at the top, shrinking the available space and driving the baby downward, to where there is more give and room.

And so the opening starts. The cervix that was thick, firm and well*out* of the way, becomes so stretchy, soft, and *in* the way that the baby starts to funnel through, drawn by gravity, driven by contractions, without any conscious action being required.

As contractions strengthen and intensify, the momentum of active labour establishes and the body shifts

into a deeper automatic gear. Providing the woman has what she needs - freedom to move her body and adequate privacy, peace and quiet to enable release of requisite hormones - the body's inbuilt biological urge to get the baby safely born is activated.

It is a part of the brain called the hypothalamus, the deep coordinating centre responsible for basic functions like hunger, thirst, blood pressure and temperature, that organises this powerful physiological urge, taking control by releasing influencing hormones that drive labour.

When the mother is safe, relaxed, and undisturbed, a cocktail of hormones flow fully and freely and guide her. Self-awareness and conscious management of her body reduces, her actions and behaviours become involuntary and spontaneous, instructing her on what to do to help her uterus work without resistance and let the baby through; like leaning forward, sighing and moaning, swaying her hips, instinctive positions and behaviours that allow her to breathe deeply and bring ease and relief.

Gravity, maternal movement and the shaping action of the mother's pliant pelvis takes the process on, helping the baby to tuck-dive, to move down, back and through the pelvis, setting in train a beautiful biochemical quickstep; the deeper the baby drives, the faster oxytocin flows, the more regular and powerful contractions become; the more regular and powerful contractions become, the deeper the baby drives – an exponential feedback loop that propels the baby through the neck of the womb on into the birth canal where expulsive contractions bring the birth to its conclusion.

How can this everyday miracle fail to impress? How can we not be awed by the primal coherence of the human body in birth – and give it its due? In my book,*How to Have a Baby*, I recommend people to do just this, and make physiology their foundation. I recommend that they get a crystal-clear understanding of:

- How the body works in birth
- The level of protection needed in order for it to be fully powered
- Even though physiological birth would unfold safely for the majority,[11] there will always be a small minority where medical support feels welcome and appropriate

'It's not an opinion I'm teaching, it's physiology,' I'd reply when people would ask by teaching 'natural birth' if I wasn't setting parents up for disappointment when their birth didn't go to plan.

When parents can prepare from a completely clean page like this, free from the reflexive fear and inherited opinions that so easily colour feelings and shape experience negatively, they trust the inherent capability of the body and do what they need to support it – maximising their odds of having a straightforward, predictable birth.

Better still, when labour doesn't unfold predictably, because of the baby's position or some other block, it is that deep grasp of physiology that makes that evident. When things don't go to plan despite giving the body what it needs, it becomes clear. Judith Lothian writes in her article, *'Why Natural Childbirth?'*[12]*:*

> *Women are inherently capable of giving birth, have a deep, intuitive instinct about birth, and, when supported and free to find comfort, are able to give birth without interventions and without*

> *suffering.*

But such faith *is* unfounded, and *will* feel less true in a situation where a mother is being managed in labour – her dilation evaluated in the transitory setting of triage; or her body confined to a bed with monitoring belts; or where contractions are controlled via a variable speed infusion pump. In conveyor belt situations like these, the high resolution information flowing through a woman's body, biochemical and mechanical cues that would naturally guide her, are hard to hear. And then labour*is* more unreliable. As obstetrician Michel Odent has said[13]:

> *Women cannot release the hormone they are supposed to be releasing for giving birth. We have completely forgotten what the basic needs of a labour woman are - the things that help that hormone to release – privacy, feeling safe and not feeling observed.*

Listening to women's personal accounts, birth outcomes have become so commonly complicated as a consequence, it isn't surprising that the conclusion drawn is that natural birth is to blame and birth educators seem to be creating unrealistic expectations, as the BBC's recent article 'The Pressure on Women to have a Natural Birth,' implies.[14]

> *Many women who follow positive birth courses say they feel an undercurrent of idealising 'natural' births in particular. For some instructors, a big part in emphasising how birth can be 'positive' comes with talking about how a woman's body is 'designed' to give birth – and the subtext can be that medical interventions impede, rather than assist, this process.*

But the facts of female biology aren't wishful thinking. Nor are they a set of mysterious unknowns only experts can decipher and impart. Physiology is knowledge – a sustainable ecosystem parents have every reason to trust and prepare from as a starting point. Nottingham University's Associate Professor of Midwifery Denis Walsh writes in his book 'Evidence-based care for Labour and birth'[15]:

> *The really exciting dimension of a broader understanding of evidence is its potential to rehabilitate physiological birth as not only possible but as desirable for the vast majority of women...*
>
> *Evidence that springs from intuitive, embodied experiential and anthropological origins as well as research has the power to reconnect us to the transformative nature of this ancient rite of passage event. And then not only individual women but families, communities and even nations will benefit.*

Author Bio: Natalie Meddings is a doula, active birth yoga teacher and mother to three children. She is the author of How to have a Baby and Why Homebirth Matters and presents a podcast with doula colleague Jenna Rutherford called 'Mothers Talking.' She lives in SW London with her husband Danny, two cats and her last sixteen year old baby.

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1 Ockenden Review Volume 685: debated on Thursday 10 December 2020 https://hansard.parliament.uk/commons/2020-12-10/debates/D1AA9BD9-DC78-47D0-BCEE-84E3A3A94199/OckendenReview

2 RCM RE:birth project. https://www.rcm.org.uk/rebirth-hub/what-is-the-rebirth-project/

3 Editor's note: Statistics for the number of births that are entirely physiological (start, continue and conclude without any medical support whatsoever) are very difficult to find. Data often shows numbers for caesareans, assisted births and inductions but do not say how many of these overlap (e.g. inductions leading to caesareans or assisted births) - while the number given for spontaneous vaginal deliveries may include labours that have been induced or augmented, epidurals, and episiotomies.

4 Bennet C. (2022) Relentlessly pushing the idea of 'natural' childbirth is an affront to pregnant women. The Guardian. https://www.theguardian.com/commentisfree/2022/apr/16/relentlessly-pushing-natural-childbirth-abuse-pregant-women

5 Downey L. (2019) Childbirth in the UK—it's time to be honest about what the NHS can deliver. The BMJ OPinion https://blogs.bmj.com/bmj/2019/07/24/laura-downey-childbirth-in-the-uk-its-time-to-be-honest-about-what-the-nhs-can-deliver/

6 Pearson A. (2022) This Cult of the Normal Birth is Dangerous. The Telegraph https://www.telegraph.co.uk/columnists/2022/04/13/cult-normal-birth-exists-lives-mothers-babies-danger/

7 NICE (2014-2022) Intrapartum care for healthy women and babies https://www.nice.org.uk/guidance/cg190

8 NPEU (2012) Birthplace in England Research Programme. https://www.npeu.ox.ac.uk/birthplace#the-birthplace-cohort-study

9 Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA, and NACPM. J Perinat Educ. 2013 Winter;22(1):14-8. doi: 10.1891/1058-1243.22.1.14. PMID: 24381472; PMCID: PMC3647729.

10 Dreger A. (2012) The Most Scientific Birth Is Often the Least Technological Birth. The Atlantic https://www.theatlantic.com/health/archive/2012/03/the-most-scientific-birth-is-often-the-least-technological-birth/254420/

11 WHO (2018) WHO recommendations - Intrapartum care for a positive childbirth experience. Transforming care of women and babies for improved health and well-being. https://apps.who.int/iris/bitstream/handle/10665/272447/WHO-RHR-18.12-eng.pdf

12 Lothian JA. Why natural childbirth? J Perinat Educ. 2000 Fall;9(4):44-6. doi: 10.1624/105812400X87905. PMID: 17273230; PMCID: PMC1595040.

13 Odent M. (No date) Interview with Owl Productions https://www.youtube.com/watch?v=8x8ip4VVGAI

14 Ruggeri A. (2023) The pressure on women to have the 'perfect' birth. BBC Family Tree https://www.bbc.com/worklife/article/20230122-positive-birth-and-hypnobirthing-movements

15 Walsh D. (2007) Evidence-based Care for Normal Labour and Birth: A guide for midwives. Routledge