



Just 'birth': the phenomenon of birth without a healthcare professional

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Editor's note: AIMS is honoured to present Mariamni's research study in which she interviews 10 women who gave birth without a healthcare professional in attendance.



By Mariamni Plested

Abstract

Purpose: The purpose of this study was to examine the meaning and experience of the phenomenon of birth without a healthcare professional in the United Kingdom.

Research Design: Reflective Lifeworld Research, a phenomenological approach, was used in this study based on the philosophical writings of Husserl, Merleau-Ponty and Gadamer (Dahlberg et al, 2008). 10 in-depth interviews were conducted with women who had birthed without a midwife or other healthcare professional present, interviews were transcribed and hermeneutically analysed.

Findings: A preliminary paper from this research project was published in 2016 and described the themes of fear and risk discourse between study participants and healthcare professionals. This paper presents the broader findings of the study and describes the meaning and experience of freebirth through four

further themes, 1) naming the phenomenon, 2) the sensation of birth, 3) choice, inclusion, and exclusion, 4) the birthing self.

Key conclusions: While the phenomenon of freebirth may well show up systemic failings and health service issues, taking those issues as the limit and framework for investigation into this phenomenon is problematic and does not provide a sufficient account of freebirthing experiences. The birth practices of the participants of this study are better described as resistance to the biopolitics of public birth systems than intentional birth choices. The experience and sensation of birth was described by all participants in a wholly positive way. Participants revealed a knowledge of birth grounded in personal first-hand experience as the responsible agent and actor of birth which opens up new possibilities for the way we talk about and understand what birth is.

Implications for practice: The disciplines of nursing, midwifery, and medical science would greatly benefit from interdisciplinary collaboration with the fields of philosophy and theology to deepen epistemological frameworks and understandings of the meaning of birth beyond the dominant healthcare discourses.

Key words: unassisted birth, freebirth, phenomenology, physiological birth

Introduction

This study explores and describes the experience of ten women who gave birth in their homes in the United Kingdom without a midwife or other healthcare professional present at the moment of birth, and the phenomenon of birth in these circumstances.

The title of this paper 'just birth' seeks to articulate, describe, and refresh the nomenclature of the phenomenon of this study. The terms often used to name this phenomenon are 'birthing outside the system', 'freebirth', 'birthing alone', 'unassisted birth' (with an ambiguous double meaning either without the assistance of a healthcare professional, or without the assistance of delivery technology such as forceps or ventouse, depending on context, culture, and country). These terms do not adequately capture the meaning or experience described by the participants in this study. While a previous paper from this research project (Plested & Kirkham, 2016) focused on the specific issue of risk-discourse which took place between study participants and healthcare professionals, this paper describes the main findings of the study, and seeks to surface meanings and describe the phenomenon of birth as experienced by the study participants.

A recent meta-narrative review of freebirth across diverse research traditions described it as 'a clandestine practice whereby women intentionally give birth without healthcare professionals in countries where there are medical facilities available to assist them' (McKenzie G, Robert G, Montgomery E, 2020).^[1] The media keeps freebirth in the public eye with regular features and often uses language which contributes to a sensationalist perception of freebirth (Summers, 2020).^[2] While the literature examining freebirth has grown considerably in the last decade, any actual quantitative data remains elusive, with no reliable statistics available on the numbers of women birthing in this way.

Methodology

[See: Plested M, Kirkham M \(2016\) Risk and fear in the lived experience of birth without a midwife. Midwifery 38: 29-34](#)

[The methodology can also be viewed [here](#).]

Results

[A preliminary paper](#) from this research project was published in 2016 and described the themes of fear and risk discourse between study participants and healthcare professionals. This paper presents the broader findings of the study and describes the meaning and experience of freebirth through four further themes, 1) naming the phenomenon, 2) the sensation of birth, 3) choice, inclusion, and exclusion, 4) the birthing self.

Naming the phenomenon

The participants in this study met the inclusion criteria for 'freebirth' in very different ways, there was wide variety in the timing of their intention to freebirth from early pregnancy planning to in-labour decisions. Not all participants identified with the term freebirth, unassisted birth, or any name associated with this phenomenon, and several participants wanted to dissociate from any radical birth ideology, or that they had made an extreme choice.

[2] 'I find it really hard really because I think about the idea of unassisted birth and you immediately mention it and I know the first thing that's going to come out of people's mouths is 'controversial topic' why? Why is it a controversial topic, because to me it's not just freebirth, it's just birth. Like extended breastfeeding - extended breastfeeding? Breastfeeding, just breastfeeding, it's normal. Why it has to be labelled with some kind of extreme choice... it was a choice that I'd come to and I couldn't answer why because to me it just felt normal to want to make that choice, I didn't feel like it was an unusual decision, I just felt, it just felt right.'

[3] 'I had no name for it, it didn't have a name, at that point I didn't know anyone else that had done it, it wasn't like something I'd read about and it was just something I had in my head, I know my body, I think I can do pain, I don't think it's going to be so bad and if women all over the world

can do this there's no reason why I can't be one of those women. There's no reason why... and I didn't feel the need to be excessively prodded or poked or monitored or... I didn't want any of it, I just, you know, I just wanted to have a baby and that was all – but I wanted to have a well baby.'

[5] I don't think having babies should be a debate, I feel there's no middle ground, there's no me, I just want to be in the middle ground, I don't want to be a freebirth loony, and I don't want to be an obstetrician loving mummy. I don't want to be either, I don't want to be an extreme... and I don't want to look like a cowboy, I just want to have my baby where I feel safe...'

Several participants voiced a simple impulse articulated as 'I just wanted to have my baby'; calling what they were doing 'just' birth. Rather than their choice, type, or mode of birth being essentialized to a superimposed category, these participants expressed their birth choice as a unique instance of birth as experienced by them. The manner of birth was thus not a rigid predetermined fixed choice but happened to unfold in this way. Flexibility and openness to assistance from health care professionals was voiced by several participants as an integral part of their birth plan.

[4] But I had this like, whenever I felt, whenever I thought about having him on our own (and I didn't know it was a he) I just felt so peaceful about it, and so did my husband. And also he was saying, well we kind of know how to do this now, we don't really need to have somebody else... so we just decided to go for it and if it felt right to just continue and birth this baby and not call anybody. But if during labour for some reason I had an instinct that something was wrong or that I did need somebody after all then we'd be open to calling somebody, we wouldn't, you know, we wouldn't be stubborn about it.'

[7] so my plan loosely was to enter labour and instinctively do, you know, behave instinctively. So if I needed help, I was going to call for help... freebirthing and not wanting to call someone are two very different things...'

[8] 'we went to all the birth groups for (second baby) as well, so we felt like we were really informed and then I thought there is always the option of calling them if I did want them at the time, but we both felt really comfortable just saying that we would do it.'

[10] 'I'd be perfectly happy doing it [birthing], I think I'm more like the cat who likes to just go off and find a dark place and just do it by themselves.'

These women describe birth as a physiological process that they were capable of enacting unaided. Their capacity to birth was described in a number of ways including 'feeling right', 'instinct', 'feeling safe', 'feeling comfortable', and 'self knowledge'. Birth was described as a first-person activity that can be self-determined by the birthing person as agent, and participants felt strongly that their choice to birth on their own terms was a matter of personal responsibility, agency, self-identity, and the exercise of self-

care and did not place them outside the parameters of what birth is. All participants in this study planned homebirths, and the end result of their birthing without a midwife depended in some cases on service provision (or failings), or an inner reluctance to call a midwife in time (referred to in some literature as a 'planned BBA (born before arrival)',^[1] as well as an intentionally planned homebirth without midwives.

It is difficult to name the phenomenon of birth in this study, while freebirth has become a widely used term it is not a term the participants in this study strongly identified with. This feeds into a very broad discussion regarding how we define birth both physiologically and culturally, and the discussions around what constitutes 'normal' birth (as opposed to usual birth), 'natural' birth and 'technological' birth.^[3] The conceptualization of freebirth as a category cannot stand apart from the conceptualization of birth writ large and may indeed contribute something valuable to such a discussion. The problem of what to call birth without a midwife or freebirth points towards something fundamentally important about the variety of what birth is, and how it is experienced. The participants made claim to name their choices as 'birth', as 'just' birth, with the implication that modifying adjectives are better suited to categories of birth such as 'birth with a midwife', or 'attended birth', 'managed birth', 'supervised birth' which at a linguistic level more precisely define the ways in mainstream assumptions of 'birth' (as with a healthcare professional) may be more accurately described.

The sensations of birth

The absence of a healthcare professional acting as documenter and scribe compiling a legal, formal, publicly owned maternity care record of the birth event shifts a freebirth from a public event into a family's private sphere with a first-person birth story and memory as the primary, only, and privileged source of knowledge. This is a significant paradigm shift from the objectification of a third person, formal, technical, systems-owned document to whatever the birthing agent chooses to disclose. The participant's account and description of their birth experiences did not mirror a set of chronological formal notes of the sequence of physiological events, but rather described vivid memories of sensations, thoughts, and feelings.

[2] 'I was just in a completely different world, but I had a real awareness of what was going on, it's like I had both parts of my brain engaged... I knew I was fully dilated, and I just knew it, and there was nothing I could do about it... I can remember so vividly, it was honestly, I could feel the shape of his body more than something incredibly uncomfortable coming out... I was just on another planet, and it was amazing that I could do that.'

[4] 'the labour was very private... I spent most of it just on the toilet, sitting in the bathroom on my own, my husband wasn't even there, I just really wanted to be alone... and I have to say his birth was painless, it was pleasurable... it was ecstatic and it was so life-affirming, and I don't know, I can't really express it, but just empowering, it was like the best climax ever. And whenever I've

mentioned this, people don't really believe me.'

[6] 'I wasn't able to do anything else, I was completely in the zone as you would say. I wasn't interested in anything else, I just wanted to sort of hide within myself and I would come out of my little thing just to have a bit of water, and ask for a bowl to throw up into, and that was it... I would say my births are very intense... my second stage was very quick anyway, it was just one push... the waters broke during the push and she just sort of slipped out [laughs].'

[8] 'I wasn't reflecting on anything like that, I just didn't care and I just totally went with it and didn't care what happened... primal, yeah, as though I was a cave girl and whatever would have happened then, I felt like I was doing that in a modern environment, but doing whatever my body wanted to.'

[9] 'you're blown open, you're blown open. I've got this sense of dilated pupils, dilated eardrums, aware of everything, so words that are chosen that are not helpful go right in, you're exposed... then diving through that [vulnerability] into golden kind of uplifting birth, just that feeling, when [x] came out of me... just one long expletive of like – WOW.'

[10] 'ok, I mean there was pain, and especially towards the end really, no maybe towards the end when it was pushing stage, not so much pain, but just really really intense, like not break between the rushes or contractions, and yeah, then after, just amazing to feel that you'd done that, and done it all by yourself...'

These accounts describe intense sensations of birth which are unanimously positive and convey a high level of personal fulfilment and well-being. Physical sensation is experienced as an intense activity, and the event of birth as an embodied mental and emotional act, something both 'primal', 'in the zone', 'on another planet' and at the same time a sense of achievement, 'wow', 'life-affirming', 'amazing'. What they disclose is not the chronology of the event, but sapiential insight into the activity of birth and the self-awareness of the birthing agent.

Choice, inclusion, and exclusion

Freebirth is often presented in the literature as an intentional choice.^[1] This study finds that the concept of freebirth as a free choice is flawed as the unfolding events of participants' complex interactions with the healthcare system were more haphazard and less planned than the concept of 'choice' assumes. Some participants chose to freebirth after a long process of frustrated engagement with antenatal services:

[1] I've had enough of being told what I can't do. If you can't provide me with a service that makes me feel safe then I'll do it without you, because what you did last time was categorically not safe. Um, I knew in my head really that I was planning a born before arrival, but I didn't know that people completely stepped outside the system at this point and birthed their babies by themselves, or I would have made it as a positive choice. So we went all round jumping through

their pointless hoops, going through their assessment procedures – all those things, pretending that we're booking a homebirth, knowing absolutely that what I really intended on doing was calling them afterwards... it's not just about the choice to give birth without a midwife, it's about the choice to have my baby with me in the driving seat.'

Some participants did not birth 'outside' the system, they were intricately woven into the healthcare system in ways that they were unable to disentangle themselves, for some this involved the pretence of planning a homebirth (with the intention of not calling the midwife). For one participant a deep inner paradox took place between the desire to be alone, and the need to inform caregivers that she was in labour. The uncertainty of her 'choice' and intentions were a thread running into her experience of labouring and birthing, the description of birth as an unfolding event, the role of intuition and knowing, the openness to asking for help should the need arise – this participant describes only being able to let go and birth (alone) once she had called the midwife, despite knowing the midwife would not arrive in time:

[8] I guess it's just going with the flow whilst in labour, because I probably have the intention of ringing the midwife every time, but in labour it just becomes less important, and certainly with the fourth one... I just didn't feel to call, I don't think I really believed I was in labour at all... it's funny, after all I've said, it sounds that I'm this bold woman, but actually I think there was this fear of again not wanting to waste their time, not knowing, not 100% sure if I'm in labour... it's just such a funny funny funny thing... the minute she'd [doula] called [the midwife] my waters broke in a massive contraction, and then three minutes later when the midwife called back [doula] left the room again, and she was born. So it was perhaps psychologically the knowledge that now everyone who needed to know knew, but also funnily enough, for the first time, when even my good friend left the room, there was something about me that needed to be alone this time. And it was actually when she left the room that all the action happened.

For some participants the decision to birth without midwives was the direct result of homebirth service provision staffing failures, the family decided (in labour) when told no staff were available that they would continue to birth at home rather than transfer into a hospital setting:

[5] 'you know that whole thing where they say that their staffing levels mean that you can't have your homebirth, well you've got into your space, you've worked out how it's all going to be – to have the rug pulled out from you at the last minute – it's their fault, because you haven't considered your birth plan and how it would go in hospital. Because it wasn't an emergency, it was just a baby.'

Some participants had negative experiences with healthcare services that fed into their decision-making processes; several participants expressed a sadness, a process of disillusionment, or caution towards healthcare professionals that suggests a passive 'happening' rather than an active choice, events unfolded in such a way as to leave participants with a feeling of no choice, limited choice as a reactive self-protective measure, or a feeling of being excluded.

[7] In a way I was having to withdraw regretfully really, I'm not anti-midwife, I'm not even particularly pro-freebirth.'

[9] whilst I've not thought to birth without a midwife I have progressively throughout my four births realised that it's a sacred dance really, and it's my dance and that whoever I'm going to invite into that dance needs to be someone who knows me, and so each time, this time was obvious, the fourth one was obvious, that I just was putting off ringing, but if I look back the feeling was there the whole time... why would I ring someone I don't know, and why would I ring someone I don't know who is the face of a whole story of things that I don't agree with. Why would I want to put myself into the situation where I may be unsafe right now, when actually it's a life/death, it's not only sacred, there's just too much at stake during labour to dance with that.'

The concept of 'safety' was a key pivot around which decisions were often made; what factors made participants feel safe or unsafe, and how they could self-determine their birth environment to maximise their personal safety. The kind of discourse that took place between participants and healthcare professionals was a major factor in decision making, the dominant theme of healthcare discourse was described by participants as being focused on the concept of risk, and an associated mood of fear. This theme is explored in depth in a previous article, (Plested and Kirkham, 2016).

The birthing self

An important consequence of the experience of risk discourse for participants was an existential awareness which led some participants to a genuine engagement with concepts of their own mortality, personal agency and responsibility (Plested and Kirkham, 2016). Participants described the impact of the experience of birth on the self, personal identity, and the transition to being a parent.

[2] 'giving birth completely shapes who you are as a parent, completely shapes you as a person, it's not just a set of choices that you make, it's part of the floor of the life that you lead.'

[8] it was completely life-changing, I was a bit, I hadn't really thought, before birth, I was the kind of person who would question everything already and not really just go along with the crowd and that was just massively intensified after giving birth.'

One participant described birth as a liminal sacred and spiritual experience which deeply impacts

identity.

[9] Sacred, it's very much part of safe, um, because safety is not just physically, it's mental, emotional, and spiritual as well... because where labour and birth touches, in my experience, touches me as a woman, it just takes you to the edge, takes you to the edge of all reality, and so it's just not to be messed with I guess, that's the sanctity of it.'

Some participants described a process of personal growth and self-knowledge gained over multiple births, this self-knowledge, and 'know-how' was part of their identity as an experienced mother.

[4] I've had six babies and so, I feel like I've had, caesarean aside which I haven't had, I've had a pretty full spectrum of birth from my own experience.'

[5] I've worked it out, I've had six kids so I've learned the hard way that's all, I've had six different kinds of birth.

[9] I did an enormous amount of work with all four of them. I think every single birth brought up massive amounts of self-exploration and development...'

Birth choices were part of a personal journey through a variety of experiences of birth, and being an experienced mother uniquely formed a subjectivity and first-hand expertise of self where the 'I' carries a special knowledge of knowing what is right for 'me'. This is different to third-person lay versus professional categories of a birth companion/doula versus midwife/doctor; or categorization of birthing people as amateur or non-professionals, it concerns the unique first-person perspective of this being 'my' birth, 'my life', what I know about 'myself', the kind of knowledge that only I can have about myself and my body as I experience it. Participants described an intuitive self-knowledge during the experience of birth that was utterly unique to being the agent of birth.

[2] I didn't make those choices because I wanted to challenge anybody, because I wanted to reject the system, because I wanted to be different or because I'm irresponsible or uninformed or didn't want to engage with maternity services or any other label that anyone would like to try and put on me. I made this choice because it's my life and those are the choices I see fit to make for me and you know I'm sure that every experience I've ever had prior to this led me to make the decision I did.'

Discussion

The phenomenon of freebirth offers more than a list of maternity service failings in need of address; it produces an alternative perspective and birth discourse to obstetric and midwifery understandings of birth and offers new meanings and conceptualizations of birth as a first-person lived experience. While

there is a rich and extensive body of qualitative literature exploring women's experiences of multiple aspects of pregnancy, birth, and parenting they are all founded on women's experiences as service-users. The voices and experience of freebirthing women has a resistant, transgressive, grass-roots disruptive quality which challenges professional definitions and dominant discourses around birth. The phenomenon of freebirth raises wide-ranging philosophical issues and questions and demands an examination of the broad biomedical, institutional, and cultural frameworks in which birth takes place.

The French philosopher Foucault's concepts of biopower and subjectivity offer a framework to understand ways in which healthcare systems operate and ways in which freebirth seeks to reclaim biopower and make space for further subjectivities by enacting birth practices (the act of freebirth):^{[4], [5], [6]} The concept of biopower, which is the control of human populations through technologies of power and disciplinary institutions (such as healthcare systems) cannot, due to the absence of a universal authorised truth, completely regulate bodies and behaviour – it is never totalizing as it always produces resistance.^[7] It is this resistance that marks the human capacity for freedom, this freedom is different to a neoliberal conception of normative agency, it is rather a freedom to transgress socially imposed limits.^[8] This freedom opens dialogue where totalizing dominant discourse seeks to close it. Foucault's ideas of stigmatisation and freedom to transgress are a better articulation of the experience of the participants of this study than the conceptualization of freebirth as a positive choice.

DeSouza (2013)^[9] uses the Foucauldian conception of subjectivity to critique neoliberal individualism which casts women as 'autonomous social actors who are fully in control and knowledgeable about their bodies and 'free' to make and justify choices.' She frames this individualisation as a form of biopolitics of the state, and argues that the self-disciplining, self-regulating maternal subject has been championed by the nursing institution in its concept of 'individualised care' which promotes choice and autonomy as valid concepts. DeSouza observes that a mechanistic understanding of birthing and mothering practices necessitates supervision (the health care professional, obstetrician or midwife with their accompanying discourses) which in turn produces a new maternal subject which has lost confidence in her innate ability to birth and mother. This observation shows a nuanced understanding of Foucault's descriptions of how subjectivity, and new forms of subjectivity are produced by discourses, and how objects (or subjects) are disclosed by our practices. Risk discourse functions as a behaviour control technology with specific disciplinary procedures deployed to effect compliance, and what claims to be evidence based practice is selectively utilised as a form of social control. The practice of freebirth sidesteps hierarchical observation at the moment of birth by avoiding documentation, surveillance, and supervision. The absence of public maternity birth records transfers the event of freebirth into the private domain of those who birth in this way.

In addition to Foucault's writing there are many other philosophers whose ideas richly contribute to the analysis and understanding of this phenomenon. Using Merleau-Ponty's emphasis on the body as the locus of knowledge of the world, and Gadamer's ideas on bodily experience and the limits of objectification the embodied act of birth can be understood as an act of subjectivity – of the birthing 'self'.^{[10], [11], [12], [13], [14]} Freebirth integrates physical and mental health concerns in a way which upholds

the primacy of the lived experience and the birthing body as a site of knowledge. Giving birth as a physical 'act' by a birthing subject is a primordially embodied activity, which transcends the physiological process of birth as bodily mechanisms and involves a psycho-somatic subjective depth. The simple formula of 'having a baby' or 'just birth' (rather than freebirth or unassisted birth) centres the birthing self in the definition of birth, to birth is to be a birthing person, as opposed to birth being a bodily process abstracted from a specific person. First-person knowledge of birth will be of an entirely different quality to knowledge about the process of birth. Participants' descriptions of the sensation of birth speak of this quality of knowledge which forms self-identity and subjectivity. Wellness around birth commonly falls into a binary dichotomy of physical and mental health; the kind of bodily knowledge alluded to by Merleau-Ponty's work suggests a psycho-somatic whole not well accounted for and poorly understood by the scientific community, such as what it means to experience childbirth, what it means to experience from a first-person perspective, what it means to have a body which 'I' experience as 'mine'.

Limitations and strengths

The use of phenomenology, as the methodology of this study, comes with its own backdrop of philosophical assumptions amid a wider theatre of the epistemological truth claims of modern Western science, both qualitative and quantitative. It can be argued that qualitative healthcare research seeks to present something genuine that can be said of participants' life experience, and achieves this via a complex negotiation between participant voices and researcher representation. This negotiation will always fall short of definitive final facticity due to both the complexities of the social and cultural constructions which are latent in participants' own constructions and the researcher's linguistic representation. The contribution of this phenomenological interpretive negotiation is to an 'ongoing conversation' not the formulation of a totalizing account.^[15] The findings of this research project merit in depth extended philosophical analysis beyond the scope of this paper.

Conclusion

There is a growing body of midwifery research which focuses on motivation to 'freebirth' in order to highlight maternity service problems and failures,^{[16], [17], [18]} or even as evidence of a 'broken maternity system'.^{[19], [20]} While the phenomenon of freebirth may well show up systemic failings and health service issues, taking those issues as the limit and framework for investigation is problematic and does not provide a sufficient account of freebirthing experiences. Weaponizing freebirth for midwifery political leverage may overlook fresh and richer understandings of birth that arise out of the experiences and narratives of women who birth in this way.

This is reflected in the very names associated with this phenomenon 'outside', 'free', 'alone', 'without', 'unassisted', all terms which 'other' the subject and set them apart from a dominant discourse which is centred as normative. This study found that participants did not identify with radical tags, but rather saw their birth choices as the pursuit of something essentially simple, legitimate, and uncontroversial, as 'just' birth. The birth practices of the participants of this study are better described as resistance to the

biopolitics of public birth systems than intentional birth choices. The experience and sensation of birth was described by all participants in wholly positive ways. Their disclosure provides a unique insight into their unobserved, undocumented, private experience. The language used to describe this experience is in a completely different register to healthcare terminology, it can be described as sacramental rather than anatomical, as testimony rather than documentary. Participants revealed a knowledge of birth grounded in personal first-hand experience as the responsible agent and actor of birth which opens up new possibilities for the way we talk about and understand what birth is.

Implications for practice and further research

The disciplines of nursing, midwifery, and medical science would greatly benefit from interdisciplinary collaboration with the fields of philosophy and theology to deepen epistemological frameworks and understandings of the meaning of birth beyond the dominant healthcare discourses.

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[Plested M, Kirkham M \(2016\) Risk and fear in the lived experience of birth without a midwife. *Midwifery* 38: 29-34](#)

[1] McKenzie G, Robert G, Montgomery E (2020) Exploring the conceptualisation and study of freebirthing as a historical and social phenomenon: a meta-narrative review of diverse research traditions. *Med Humanit.* 2020 Dec;46(4):512-524. doi: [10.1136/medhum-2019-011786](https://doi.org/10.1136/medhum-2019-011786). Epub 2020 May 2. PMID: 32361690; PMCID: PMC7786152.

[2] Summers H (2020) Women feel they have no option but to give birth alone: the rise of freebirthing, *The Guardian* [available online: https://amp.theguardian.com/lifeandstyle/2020/dec/05/women-give-birth-alone-the-rise-of-freebirthing?fbclid=IwAR2gyT-0v5ES9J46WGxDZYA9Z73QJ0Ai3U1jllLeY9i4Onhx-KPrBUi_GzIM accessed 15th December 2020]

[3] Young, D. (2009) 'What is normal childbirth and do we need more statements about it?' in *Birth* 36(1) 1-3

- [4] Foucault M (1972) *The Archaeology of Knowledge* New York: Pantheon Books
- [5] Foucault M (2005) *The Hermeneutics of the Subject* New York: Picador
- [6] Foucault M (2010) *The Birth of Biopolitics* New York: Picador
- [7] Danaher, Schirato & Webb (2000) *Understanding Foucault* Thousand Oaks: Sage p. 31
- [8] Falzon C, (1998) *Foucault and Social Dialogue: beyond fragmentation* New York: Routledge p. 53
- [9] DeSouza, Ruth (2013) 'Who is a 'good' mother? Moving beyond individual mothering to examine how mothers are produced historically and socially' in *Australian Journal of Child and Family Health Nursing* 10(2) 15-18 p. 18
- [10] Merleau-Ponty M (1964a) *Sense and Non-Sense* trans. by Hubert Dreyfus and Patricia Allen Dreyfus, (Evanston: Northwestern University Press).
- [11] Merleau-Ponty M (1964b) *Phenomenology and the Sciences of Man* trans. by John Wild in *The Primacy of Perception* ed. by James Edie (Evanston: Northwestern University Press), 43–95
- [12] Merleau-Ponty M (1995/1945) *Phenomenology of perception*. (Smith C trans) Routledge: London
- [13] Gadamer HG (1990/1960) *Truth and Method*. (2nd edition) The Continuum Publishing Company: New York
- [14] Gadamer HG(1996) *The Enigma of Health*. Stanford University Press: Stanford
- [15] Vandeveld P. (2005) *The Task of the Interpreter*. University of Pittsburgh Press, Pittsburgh
- [16] Feeley C, Thompson G (2016) Why do some women choose to freebirth in the UK? An interpretative phenomenological study in *BMC* 16(59) DOI: [10.1186/s12884-016-0847-6](https://doi.org/10.1186/s12884-016-0847-6)
- [17] Holten L, Miranda E (2016) Women's Motivations for Having Unassisted Childbirth or High-Risk Homebirth: An exploration of the literature on 'Birthing outside the System'. *Midwifery* 38 (2016): 55-62
- [18] Plested M, Kirkham M (2016) Risk and fear in the lived experience of birth without a midwife. *Midwifery*

38: 29-34

[19] Davison C (2021) Birthing out of the system *British Journal of Midwifery* 29:7

[20] Jackson, M.K., Schmied, V. & Dahlen, H.G. (2020) Birthing outside the system: the motivation behind the choice to freebirth or have a homebirth with risk factors in Australia. *BMC Pregnancy Childbirth* 20, 254 (2020). <https://doi.org/10.1186/s12884-020-02944-6>