AIMS For a better birth...

An interview with Dr Malika M. Bonapace, D.Psy

AIMS Journal, 2024, Vol 36, No 3

"The way the world sees pregnancy is broken…and it's our mission to change that! We're teaching the world to trust in birth."



Dr Malika M. Bonapace, D.Psy

Interview by Alex Smith

Thank you for agreeing to be interviewed by AIMS, Malika. How would you introduce yourself?

My name is Malika Morisset Bonapace. I am a doctor of clinical psychology and I specialise in perinatal psychiatry. It was in the course of this work that I discovered how Mother Nature has provided the innate vulnerability of the perinatal phase and how protective this is supposed to be. Yet I saw with my own two eyes what the system's lack of respect for this does to women's health. I saw that when women give birth in a context that is not safe, it creates a lot of damage. I was a clinician for some years but have now closed my clinic and am training health care professionals about physiologic birth and about an approach to non-pharmacological pain management called the Bonapace method.

The Bonapace method was put together by my mother Julie Bonapace. My mother has been training parents and health professionals for 35 years, enabling those accompanying the birthing woman to help her, her partner and the baby in a humane way.

What drew you towards your interest in birth and early parenting?

I feel as if I was born into it, literally. My mother developed the method while she was pregnant with me and it has been part of my life since I was very young. I remember her addressing conferences and

bringing and showing pictures of my tooth that had been drilled by the dentist. She would explain to the delegates how non-pharmacological methods of pain management work and that even children can use them, that even I could get a filling without a local anaesthetic. So I discovered through the teachings of my mom that the body is resourceful and by tapping into those resources we can accomplish amazing things and feel really empowered. This discovery fostered my deep trust of human potential, my deep belief that we are part of a beautiful world of love and energy and that through love we can truly make humans shine and that's always been something that I wanted to do.

Taking the work that my mom has done and making sure that it keeps on going through the generations made so much sense because I believe that birth is not only a fundamental moment in the experience of women but also in the development of a society. I believe that birth is pivotal and if you can get birth right you can change the world. That is my true belief.

You say that "*the way the world sees pregnancy is broken…*", can you say a bit more about that?

Yes, I do believe that. Humans exist today because humans are able to reproduce. Based on evolution principles, it is highly likely that some species became extinct because their method of reproduction was unsustainable, and those species are no longer here. But we are still here, and I believe that we are still here specifically because our bodies are perfectly adapted and made to reproduce; it is our innate ability. I believe that seeing women as *unable* to bring their babies to the world causes tremendous harm. I believe that, because we are so fearful, we routinely do things in caring for pregnant women that cause problems,[1] and then we are really good at fixing those problems. This vicious circle (FEAR - MEDICAL RESPONSE - IATROGENIC HARM - FEAR) perpetuates our belief that pregnancy and birth is dangerous. In actuality, the way we take care of pregnant and birthing women is the problem. If we understood that behind this uterus and this fetus there is a human that is intrinsically made to create connections with other humans, we would never send her into the arms of strangers; never, that's dangerous. So when we say what's 'safe' is for you to give up all of your responsibility and give it to someone else who is a stranger who doesn't know who you are and where you come from and who has no emotional links and connections to you, that's when we cause harm and create these problems that we're really good at fixing. And then healthcare professionals say, "It's a good thing we were there to fix the problem" while, so often, they caused the problem in the first place.

As long as we're good at fixing these harms, why does it matter?

Birth is a pivotal moment for the mother and the baby, the father, the couple, and the family. Birth is a transformative experience for mothers, an opportunity for them to discover their power, to discover their innate abilities, to discover their connection with the universe, and to heal from deep trauma. Birth is meant to be protective for women. Birth also has a deep impact on babies because during birth, in order for birth to happen, oxytocin needs to be released and oxytocin is the hormone of love. Humans are deeply emotional creatures and so we are meant to experience this huge tsunami of love from oxytocin when we come to the world. We now know through the study of epigenetics that the way humans are born will impact the way their brains develop.[2] So birth is protective for babies. We are meant to come to

the world with this huge wave of oxytocin. When we give birth in unfamiliar clinical settings where the oxytocin levels are so much lower, coupled with synthetic oxytocin quasi-systematically used in labour, we probably impact those babies' ability to create oxytocin for the rest of their lives.[4] Lower daily levels of oxytocin increase depressive symptoms,[5] and, in years to come, girl babies grow into women who may be unable to produce sufficient oxytocin to give birth easily themselves. When Michel Odent talks about the risk of no longer being able to reproduce,[6] he says that, sure, we were able to make that baby come out of the mom alive, but what about the safety of our species?

When mothers experience this huge wave of oxytocin and when they are connecting with their baby, they fall deeply deeply in love, mother and baby. This is what is necessary to make sure that these mothers will take fierce care of these babies, that they will protect them and choose for them exactly what they need. When you take that away from mothers and you tell them, "We will tell you what your child needs", then we lose the most precious resource that we have as humans, which is human connection.

So yes, I do believe that this matters and I believe that it's very important for couples too. Mothers and babies fall deeply deeply in love because of all this oxytocin and this happens*in proximity* to the *father*. The father also gets submerged by the wave of oxytocin and in turn falls deeply in love with his wife and with his baby. We want this because a father who is present, who is dedicated, who is in love with his wife and baby, is a father who will protect them. We need that. We need men to step up[7] and protect this dyad, the mother-baby dyad. When men are there to protect and to support women and to say to their wife: "You know our baby best - you know your body - you know who you are, you are the holder of the sacred knowledge of what this dyad needs and I will fiercely support and protect you", then this shapes the way families operate as a whole and function in society. The way this family will then take care of the child, being bonded and in sync with its needs will shape the next generation and in turn, society and the rest of humanity. Truly, birth is a pivotal moment.

This moment can't just be discarded as, "Oh it's just the baby coming out of the mother". No, it is a moment where everybody gets empowered and imbued with this knowledge that humans are to be loved, and are to love, and are to be surrounded in this deep love.

Have we reached a tipping point? Is it too late to rescue physiological birth?

Wow, that's a tough question! There is a part of me that believes that that's the case. When I've had a really bad day and I've been exposed to the obstetrical violence that we perpetrate on women and babies, I start to wonder if that's the case. Then at other times I have real hope, especially when I see more and more mothers awakening and questioning, "Wait a minute, why is it that we all have these broken bodies that can't work?". When I see these beautiful books written about free births (births unattended by a midwife or doctor), and these women reclaiming their birthright of being able to give birth under their own resources, then I become more hopeful. Ultimately I believe that God has a plan for humanity and that I can only do what God's plan is for me and that is to talk about physiologic birth to as many health care professionals as I can find who are willing to question current birth practices. I don't

know the bigger picture but I trust that yes, all I have to do is my part.

You are teaching all of these health professionals about trusting birth. How do you go about that? What exactly is the Bonapace method?

Its hidden objective is to protect families; that was my mother's goal from the very beginning. What do we know about protecting families? We know that a lot of couples get separated and divorced and we know that a lot of those divorces are initiated by women. When my mother worked for the Ministry of Justice here in Canada, she worked with couples who were in the process of separating. She always asked the same question, “When did it start going wrong - when did this relationship start dismantling?” and they systematically answered, “When we started having kids”. The men would say, “I know we weren't doing so great, she was no longer very interested in intimacy, but I had no idea it was that bad”. But the women would say, “Look it's simple, I've got to take care of the kids, the house, the groceries, the food, the car, my job and him. If I get divorced, not only will I no longer have to take care of him but on top of it I'll have every second weekend off from the kids”. And so basically, many separations stemmed from the unfair distribution of work between the couple reaching a point that was unsustainable. It didn’t feel fair and didn’t add up mathematically. Research on paternal involvement shows that couples are more likely to stick together when the women say, “I don't know how I would do it without him; we're such a good partnership; we do this together”.

My mother considered what was necessary for men to become more involved postpartum and what the predictive factors for this involvement were. She discovered through research that really clear prenatal involvement of fathers predicted their postnatal involvement, but she knew that if she offered dads a class on how to protect the family unit, nobody would come. What parents were really motivated to learn about in pregnancy was connected with their fear of pain in childbirth. So my mom studied in a lab that was dedicated to pain management and she was able to create a connection between the non-pharmacological methods that the human body has access to and show how these apply specifically in childbirth. She enabled the dads to become highly involved prenatally by preparing the couple together during pregnancy ensuring that the dads could be highly involved in the management of pain during childbirth.

As such, the Bonapace method, at its origin, was really focused on pain management. The more my mom studied the more she discovered that actually, if you respect what the body is supposed to do, you have less pain, and that's when we started learning and teaching about physiologic birth. In our experience, the primary ways of ensuring the family is safe is by understanding the nature of birth; by showing women that they have deeply embedded natural resources and strategies to manage whatever Mother Nature presents them with in childbirth; and by giving men specific tools and techniques for supporting their wives in that moment. And so we create this deep sense of trust within women that they are able to harness these innate resources, that they can work in partnership with their husbands, and that together, they can safely bring this baby to the world.

What opposition or challenges have you faced and how do you counter these?

When health care professionals are only trained to see what goes wrong, and to only use outside resources to fix problems, huge doubt is cast on the natural or physiologic ability of the body to do what it is meant to do. We could apply this to any form of physiologic process. There's a wonderful (spoof)video that was made by an Italian group that compares birth to conception. A couple goes to the hospital and the really well-intending health care professionals try to assist them in having sex to conceive their baby. However, the health professionals don't understand that privacy and non-disturbance is necessary for the couple to be able to just have physiologic sex. They keep intervening and it just doesn't happen, so artificial insemination is required. The point is that, if this is only what health professionals have ever seen, then they will naturally be convinced that the only way women can become pregnant is through insemination.

So the opposition I am faced with most often is from health care professionals who have never seen physiologic birth. They don't even know that it exists and what it looks like. The vast majority of healthy women come to them for care - care that disrupts the physiologic process and creates pathology and danger, from which they then rescue the mother and baby. They do not understand the vicious circle effect and have no knowledge of the virtuous circle of TRUST - PHYSIOLOGIC CARE APPROACHES - SAFER BIRTHS - TRUST.

So the absence of knowledge creates this opposition. As soon as information starts seeping through to them though, if it's done with sensitivity and love and gentleness, then they can start seeing the problems that they cause, but it's a long and arduous process. I was once told by an obstetrician that the definition of birth is a catastrophe to be prevented. The belief that you can only know in retrospect if you've done a good job as a doctor or midwife by having avoided all those catastrophes, shows how deeply ingrained is the accompanying belief that women's bodies cannot be trusted to give birth safely to their babies.

If you had a magic wand and could change the birth world in any way, what would you do?

If I had a magic wand the thing that we would need to do first and foremost is to take all of our health care professionals and take care of them really really well. We would need to allow them lots of healing time because they have been very mistreated, both through their education process, and by the way the system treats them. It would require a lot of self-love, self-compassion and willingness to heal on their part, but that would be step one.

Next, I would abolish women giving birth with strangers. I would make sure that women are only accompanied in birth by health care professionals who love them. The creation of a deep bond between the mother and her attendants, one where they can trust each other on a deep fundamental basis, is vital.

I believe that if we were to allow the care-givers to heal, and if we were able to create the space for there to be a bond of deep human connection between the care-giver and the pregnant women, that this would drastically, rapidly and spontaneously change what is going on in the way we give birth presently. As it is right now, the absence of connection allows the continuation of harmful practices. With healing and

connection, our broken view of birth would fix itself because health care professionals who are there with really good intentions would realise where they are going wrong and they would figure it out, and women's innate abilities would be honoured and supported.

The last use of my wand would be to sprinkle training about physiologic processes to everybody so that they would understand what's going on and have a model to grasp what undisturbed birth actually looks like. Then, I feel like things would just fall into place from there on. I think those are the necessary ingredients for a different world of birth.

Author Bio: Malika M. Bonapace is a doctor of clinical psychology specialised in perinatal psychiatry, a trainer of the Bonapace Method for over 15 years, and an internationally recognised speaker.

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1 Editor's note: Harm caused as a result of medical care is referred to as*iatrogenic* harm.

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4 Uvnäs-Moberg K. The physiology and pharmacology of oxytocin in labor and in the peripartum period. Am J Obstet Gynecol. 2024 Mar;230(3S):S740-S758. doi: 10.1016/j.ajog.2023.04.011. Epub 2023 Jul 13. PMID: 38462255. www.ajog.org/article/S0002-9378(23)00242-9/fulltext

5 Apter-Levy Y, Feldman M, Vakart A, Ebstein RP, Feldman R. Impact of maternal depression across the first 6 years of life on the child's mental health, social engagement, and empathy: The moderating role of oxytocin. Am J Psychiatry. 2013 Oct;170(10):1161-8. doi: 10.1176/appi.ajp.2013.12121597. PMID: 23846912.

6 Michel Odent (2015) Do we need midwives? Pinter & Martin

7 Editor's note: The Bonapace Method has an inclusive approach and during the official training they systematically refer to 'the partner' rather than 'the father'. The use of the words 'father' and 'wife' in the context of this informal interview is in no way meant to exclude female partners and co-parents.