AIMS For a better birth...

The Physiology of Trust

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By Kath Revell

Feeling safe is the prerequisite for physiological birth (Michel Odent).[1] If a mother has to be on her guard, scanning the environment for threats, the hormones that promote labour (predominantly oxytocin and endorphins) will be inhibited by the hormones of survival (predominantly cortisol and adrenaline). Survival hormones are incompatible with birth hormones, which will be suppressed until the perceived danger has passed.[2] Only when a mother feels safe, can she let go of her inhibitions and allow the process of birth to happen through her. If the flow of birth hormones is delayed then labour will be delayed, which can lead to exhaustion and unwanted interventions.

In order to feel safe, a mother has to trust. She has to trust the people around her – her birth partner, her midwife, her doula, her mother, friend, sister, or whoever is present at the birth. If there is someone in the birth environment who makes her feel unsafe, someone she doesn't know, or who makes her feel self-conscious, or someone who is fearful and emphasises risks and dangers, or who constantly chatters and asks questions, however well-meaning, then the process can be disrupted and labour delayed.

Trust is at the heart of physiological birth. The same hormones that flow when a person trusts someone, are the ones that flow during physiological birth (Thomas Harvey,[3] Ben Igoyota[4]). Hormones are very complex, but also very simple. They link with our emotions and operate on a subconscious level. So even if a mother logically thinks she should feel safer in a hospital environment, with all the latest technology to monitor her and her baby, underneath the surface she may not feel safe, and her hormones may tell a very different story. Odent has shown the impact of being observed, even by a machine, on the flow of

labour hormones. It may be that the very equipment designed with safety in mind, actually makes her feel less safe on a subconscious, hormonal level. This is a problem, because most births take place in hospital, and most hospitals are risk-averse environments that inhibit physiological birth.

Trust takes time to build. It is earned. You can't just tell someone "Trust me" as it is not something that responds to commands. Often in labour wards the maternity staff are not known to the birthing woman in advance and so there is no time to build trust. Sometimes people just "click", which is lucky. Sometimes labour is so far advanced that trust is no longer a prerequisite – the baby will be born anyway. More often though, there is no time to build trust, especially if there are shift changes and new staff arriving. This can be very disruptive, with consequences of delay and subsequent intervention.

Trust is also very fragile – it is easily lost. In long-term relationships, minor betrayals and loss of confidence can be accommodated. But in a new relationship, such as a mother and her midwife, trust can be lost with the roll of an eye, with a negative comment or an inaccurate note recorded. And it is not easily regained.

It's not just the people around her and the birth environment that the mother has to trust in order to enable the flow of labour. The main person she needs to trust is herself. She needs to trust her judgement so that she can make the right decisions. She needs to trust the physiological process. She needs to trust the wisdom of her body and her instinct. She needs to trust the universe, and to trust her ancestors who gave birth before her.[5] She needs to trust her baby. All these manifestations of trust will strengthen her and she can draw upon them in labour, especially if she has practised beforehand. This is why hypnobirthing works so well. It builds a woman's self-trust.

Trust is a subtle, shy thing. It requires peace and quiet and concentration. Any slight thing can disturb the physiological process and draw her out of her "zone". Being moved is a big disturbance, so the journey to hospital is often a cause of labour being delayed. Time pressure is another major cause of hormone inhibition. So are the routine labour protocols, such as monitoring the baby, measuring blood pressure, vaginal examinations, taking temperature – all these things disrupt the flow of the labour hormones and it takes a while for them to build up again.

The mother needs to trust that she will know if things don't feel right. And she needs to trust that she will be listened to if this does arise. So, in order to trust herself, she needs to know that the staff attending her also trust her. They need to trust her instinct, they need to trust the physiological process too, they also need to trust the universe and trust her baby. They need to trust themselves to know when things are straightforward and when there are signs that the labour is running into difficulties. Trust is a mutual thing.

Why is trust important? Because it enables physiological birth. Why is physiological birth important? Because the same hormones that promote the flow of labour are the love hormones (Odent[1]) that promote bonding between the mother and her baby.[6] Trust is at the heart of all relationships and relationships are at the heart of a healthy society and a healthy world.

How is trust fostered? By building relationships, specifically by having continuity of carer (the same midwife all the way through pregnancy, labour and birth and postnatally), and by building an environment that encourages the labour hormones to flow – quiet, dark, peaceful, respectful. In other words, the person's own home, or another homely setting where the person feels completely safe and undisturbed.[7,8]

Author Bio: Katherine Revell became passionate about childbirth when pregnant for the first time, back in 1994. Her first homebirth was a deeply empowering experience, and led her to train and work as an active birth teacher and doula, which she did for over twenty years. She no longer works in the birthing world, but keeps her passion alive by working as a Helpline Volunteer for AIMS. Please visit ninjagranny.org to find out more about Katherine's work as a Tai chi, Qigong and Somatics teacher.

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1 Odent M. (1994) Birth Reborn: What Childbirth Should Be. Souvenir Press

2 Editor's note: If the birth is imminent, this hormonal safeguarding effect also works by speeding the birth so that the mother can escape with her baby.

3 Thomas Harvey (2024) "High oxytocin levels result in or are a product of, amongst other things, – Trust. Higher levels of oxytocin result in higher levels of trust, and visa versa." LinkedIn.

4 Igoyota B. (2020) Measuring Trust with Psychophysiological Signals: A Systematic Mapping Study of Approaches Used. www.mdpi.com/2414-4088/4/3/63

5 Editor's note: While mention of the universe and of ancestors may feel like challenging 'unscientific' concepts for some people, human birth is considered by others to be part of, and affected by, the scientific concept of a universal ecology (www.the-scientist.com/the-dawn-of-universal-ecology-66605), with the sustainability of the medical paradigm of birth being widely discussed. https://maternityandmidwifery.co.uk/green-birth-how-modern-birth-is-killing-the-planet-and-killing-us

In addition, much has been written about birth as a spiritual/philosophical experience. As "Physics and Philosophy are historically intertwined and each continues to contribute to developments in the other", this leaves even the scientists amongst us scope for enjoying and respecting a range of rich and diverse ideas when reflecting on birth. (www.ox.ac.uk/admissions/undergraduate/courses/course-listing/physics-and-philosophy)

6 Editor's note: More on this in Dr Malika M. Bonapace's article in this issue.

7 Editor's note: AIMS supports the right of all pregnant women and people to decide where to birth their

baby in line with the 'principle of autonomy', which is protected under Article 8 of the European Convention on Human Rights. www.aims.org.uk/assets/media/725/aims-position-paper-choice-of-birthplace.pdf

8 Andrén A, Begley C, Dahlberg H, Berg M. The birthing room and its influence on the promotion of a normal physiological childbirth - a qualitative interview study with midwives in Sweden. Int J Qual Stud Health Well-being. 2021 Dec;16(1):1939937. doi: 10.1080/17482631.2021.1939937. PMID: 34148522; PMCID: PMC8216256.