



Reclaiming Birth: Trusting the Body Within a Physiology-Informed Maternity System

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In today's maternity system, the most radical choice it seems a woman can make is to reject interventions - and to trust herself and her body's innate wisdom. In a world that insists birth must be managed, monitored, and controlled, daring to believe in your body's ability to give birth without help may come across as an act of defiance - in fact, it's revolutionary.

The Complex Realities of Birth in 2025

Despite the fact that physiological birth is a natural process and generally safer for both mother and baby,¹ achieving it within today's birth landscape is more difficult than it should be. Hospitals and midwifery-led units are structured around policies and procedures designed for risk management and efficient service delivery, rather than respecting and supporting the body's natural rhythms. This system frequently undermines a woman's agency, diminishing her trust in her body's ability to birth naturally.

Many women seeking a physiological birth are met with numerous obstacles, including:

- Strict timelines for labour progress, which can create pressure and unnecessary interventions.
- Routine procedures such as continuous monitoring, early epidurals, or artificial rupture of membranes, even when they may not be medically necessary.
- The increasing push to induce labour as the due date approaches, often based on outdated or arbitrary standards rather than individual needs.

Even midwife-led units, often regarded as the more supportive environment for physiological birth, are increasingly allowing interventions during labour. This is in complete conflict with the very reason many women choose these settings - to avoid unnecessary interventions and to honour the natural processes of birth.²

Bridging the Gap Between Knowledge and Practice

Maternity care is often framed as a balancing act between promoting physiological birth and ensuring safety through medical intervention. However, true safety does not lie in the dichotomy between intervention and non-intervention. Instead, it rests on the maternity system's ability to truly understand physiology and support it, intervening only when it is absolutely necessary.

The current approach to safety focuses on minimising risks but overlooks the value of physiology. Real safety is about understanding when and how to intervene, when to trust the body, and when to create space for the natural unfolding of birth. This is where the gap exists. Maternity care providers are often more focused on fixing and managing the birth than on supporting the inherent ability of the body to give birth. This distinction is crucial. It's not about rejecting medical interventions altogether, but about using them judiciously - only when they are truly necessary and always with the informed consent of the woman.³

What Would a Truly Physiology-Informed Maternity Service Look Like?

A physiology-informed maternity service would understand that birth is not something that needs to be 'fixed' or 'managed', but a natural process that the body is inherently designed to carry out. This perspective shifts the focus from a medicalised, intervention-based model of care, to one that respects and honours the body's capacity for self-regulation and the unfolding of the birth process.

Such a service would create an environment that actively supports the woman's body to birth physiologically, by reducing unnecessary interventions. Care providers would not be there to control or

direct the birth, but to offer reassurance, comfort, and guidance. Their role is to ensure that the woman feels safe, supported, and empowered to trust her instincts. For example, in a physiology-informed system, a woman is encouraged to move freely and follow her body's cues without the constraints of machines. There would be no pressure to meet arbitrary timelines or progress benchmarks. Instead, birth providers would take a holistic approach, looking at the full picture of the woman's well-being and supporting her in her unique journey.

The Role of Trust and Space: Holding Space, Not Fighting Battles

One of the most critical elements of a physiology-informed maternity service is the creation of space - not just physical space, but emotional and mental space for the woman to trust herself and her ability to give birth. This involves fostering an environment where she feels safe, supported, and empowered to make her own decisions. In a physiology-informed system, birth providers understand that women are the experts of their own bodies and that their decisions should be respected at every step of the process. Rather than treating women as patients to be 'managed', they are seen as capable, autonomous individuals whose choices are honoured. For doulas, the concept of 'holding space' is central to this supportive environment. Holding space means offering unwavering support, not by fighting battles for the woman, but by being present with her, ensuring that her voice is heard, and reinforcing her confidence. It's about trusting the woman's body and empowering her to feel assured in her choices, without imposing external beliefs or preferences. Holding space is not about pushing against the system, but about creating an environment where women can trust their instincts and make decisions that align with their values.

Radical Responsibility: Owning the Decisions That Shape Birth

A physiology-informed maternity system cannot fully support the woman unless she also recognises and embraces her role as the ultimate decision-maker. Radical responsibility means understanding that no one - no doctor, no midwife, no machine - can make the choices for her. Too often, maternity systems operate on the assumption that women can't - or shouldn't - make decisions without external validation. But the truth is, it's the woman's body. No one else can give birth for her. That is the essence of radical responsibility: actively gathering information, questioning policies, and understanding that birth is never about guarantees.

Nothing in birth is certain. But the more we outsource decision-making to machines and protocols, the harder it becomes to trust ourselves. When we remove the monitors, the arbitrary timelines, and the assumption that birth needs constant surveillance, we create space to listen to our instincts, our bodies, and the signals they are giving us.

Radical responsibility doesn't mean rejecting all medical support; it means recognising that every decision - whether to accept, decline, or negotiate interventions - is hers to make. And that is both a profound responsibility and an incredible source of power.

Trusting the Body: A Radical Act

Reclaiming birth is about more than just declining interventions. It's about dissolving the idea that women are incapable of trusting their bodies and making informed choices. A physiology-informed

system would allow women to feel empowered in their decisions, unburdened by the fear or the control that often permeates the system.

In this system, women not only have the right to say no to unnecessary interventions but also the power to make informed choices that are fully respected, not questioned. The ideal system balances the need for intervention with the body's natural ability to regulate itself. This approach shifts the focus from 'fixing' the birth to 'facilitating' it, with respect for the woman's autonomy and the natural rhythms of her body.

A New Vision for Maternity Care

A truly physiology-informed maternity service would revolutionise the way we view birth. It would return power to the woman, honouring her connection to her body and her ability to make informed decisions. It would create an environment where birth is not an obstacle to be overcome, but a natural process to be supported and celebrated.

Trusting yourself in birth - believing in your body's wisdom - is the most revolutionary act in a system that so often undermines women's autonomy. By embracing a physiology-informed approach to maternity care, we can create a system that empowers women to trust their bodies, trust their instincts, and reclaim their birth experience as their own.

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1 Scarf, V. L., Rossiter, C., Vedam, S., Dahlen, H. G., Ellwood, D., Forster, D., ... & Homer, C. S. (2018). Maternal and perinatal outcomes by planned place of birth among women with low-risk pregnancies in high-income countries: a systematic review and meta-analysis. *Midwifery*, 62, 240-255.

2 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. Please see our position paper on [Choice of Birthplace](#) for more information.

3 AIMS is calling for physiology-informed maternity services that are designed and act with an understanding of physiology in order to maximise the chances of pregnancy, labour, birth and the postnatal period remaining problem-free without the need for medical treatment - and, at the same time - to support the delivery of timely, safe and effective medical treatment when this is beneficial and

wanted, as outlined in our [position paper](#).