AIMS For a better birth...

Editorial: Women in labour - Do not disturb

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By guest editor, Catharine Hart

A very warm welcome to our special June 2025 edition of the AIMS Journal – all about physiology-informed care and where it is to be found (or not found!) within our maternity services. So let's settle down, dim the lights, inhale some aromatherapy oils and shall we begin…

Firstly, what do we mean by physiology-informed care and maternity services? AIMS is campaigning for maternity services to develop a 'physiology-informed' approach to care and service provision. The word 'physiology' refers to the functioning of the body - it is the study of how the human body works.Our campaign[1] (a.k.a PIMS!!) is both long-running and long-term. We believe that a physiology-informed approach both maximises the chances of pregnancy, labour, birth and the postnatal period remaining problem-free, without any requirement for medical treatment, and supports the delivery of timely, safe and effective medical treatment when this is beneficial and wanted. By having a better understanding of physiology we mean that all those who work with women and birthing people will have a fundamental understanding of how bodily processes work, in pregnancy, labour, birth, breastfeeding and recovery after birth, and the factors that can support or disrupt these processes. A physiology-informed maternity service would be one that is designed and operates in*all* its aspects in the light of this understanding. This is wider than just the birth environment[2] and the staff who work tirelessly within it; those who design and carry out academic research, educators and the public in general, also require an increased recognition and understanding of birth physiology and why it is important.

Dr Ibone Olza, child and perinatal psychiatrist and childbirth rights activist, says that:

> "There is a need for a new model of childbirth care that**integrates** neuroendocrinological, physiological and psychosocial understandings of labour and birth and that is based on a salutogenic and health promotion perspective"[3]

A salutogenic perspective is one with a focus on 'the causes of wellness'. Physiology-informed maternity services take a holistic approach to maternity safety, promoting the wellbeing of the whole family. It is an approach that avoids causing iatrogenic harm (harm caused by medical care) to short- and long-term mental and physical health, while at the same time, reducing the risk of mortality and short-term physical harm with timely, consensual medical care when needed. Our campaign is very far from promoting normal or vaginal birth 'at any cost'. We campaign for an increased appreciation and deeper understanding of physiological processes by healthcare professionals and birth workers,*however and wherever birth occurs*, and especially for the importance of*not routinely disturbing* the labour process.

One of the first to show scientifically that disturbing early labour will likely slow and interfere with the birth process was Niles Newton[4] in her seminal work with mice, popularised more recently by Dr Michel Odent.[5] We now understand that the incredible orchestra[6] of hormones and instinctual behaviours involved during the birthing process, won't be as likely to function properly or show themselves when women are disturbed or feel they are being observed. Our journal editor Alex Smith gives a more detailed overview of physiological birth and how it works here;[7] you might also like to watch this beautiful video "The Physiology of Childbirth" created by For Med films, which you can findhere.[8] It still brings tears to my eyes!

Supporting the physiological process is a long-term investment. Midwife Evony Lynch writes:

> "Whatever kind of birth a woman has, optimising the physiology between her and her baby can make a positive contribution to mother-infant attachment, and their short and long term physical and psychological health."[9]

In this issue of the journal we ask why birth workers, midwives and doctors no longer see physiological birth very often, and we come up with some ideas about what would be needed to ensure that every woman receives physiology-informed care. While AIMS does not promote any particular birthplace above any other,[10] we continue to campaign for all four options for place of birth (home, free standing birth centre, alongside birth centre and hospital obstetric unit) to be available and accessible to all women and birthing people who choose to use them.[11] This is not the case at present – there is currently a postcode lottery for which options are available in each area. Around 19% of trusts in the UK don't have any type of birth centre, with many trusts still suspending homebirth services or having to close their birth centres on a regular basis[12]. A recent report by Birthrights found 66% of trusts had suspensions or frequent interruptions to their homebirth services; worryingly, women and birthing people from marginalised communities, including Black and Brown women, are being disproportionately affected by these restrictions.[13] Kathryn Kelly discusses research around safety and place of birth in two articles from previous editions of the journal here[14] and here.[15] The Lancet published a large review of over 500,000 home births in 2019, concluding that: "The risk of perinatal or neonatal mortality was not different when birth was intended at home or in hospital."[16] - see here for a more detailed analysis of this paper by Dr Sara Wickham.[17] Please also see our Choosing your Place of Birth birth information page.[18]

A recent Cochrane review also stated that there is "strong evidence that out-of-hospital birth supported by a registered midwife is safe".[19] However, their recommendations refer to planned home births attended by midwives, backed up by a modern hospital system (in case a transfer is necessary).[7] As Kathryn Kelly points out:

> "With NHS services under significant strain, the well-organised integration of out-of-hospital birth suffers, sometimes because of pressure on ambulance services. It feels bizarre that a service could not only cause more iatrogenic harm,[20] but also cost more, because it does not act on a well-founded evidence-base".

Unfortunately, here at AIMS we are aware of these issues not only persisting but now becoming quite widespread. Molly O' Brien writes:

> "Any birth practitioner not blindly wedded to the guidelines will acknowledge there is much about the status quo in many obstetric units that works actively against 'a good birth'".[21]

Here at AIMS, we hear repeatedly about maternity policies and practices that fail to support, or even work to undermine, healthy physiological processes. Sometimes, this is because knowledge is still

developing; in other cases, there may be a failure to recognise the link between safe care and an understanding of physiology. In a recent letter to the Maternity Newborn and Safety Investigations team (MNSI), campaigner Michelle Quashie asks:

> "Do midwives and obstetricians possess the understanding, skills, and experience of physiological birth and appropriate, safe, timely intervention, ensuring care that aligns with the individual's birth plan?".[22]

Over the decades, whilst progress has been made in supporting individual physiology-informed practices, it still seems nigh on impossible to provoke a sustainable *whole systems* response to the problem of a lack of understanding of physiology and its importance. This sad fact is illustrated by Florence Darling's study [23] about implementing a physiological approach to care in two obstetric units.

AIMS remains optimistic that with a stronger understanding of physiology, staff can become confident champions of a salutogenic approach to maternity care. Such an approach facilitates the normal physiological processes of pregnancy, labour, birth and the postnatal period while, at the same time, enabling staff to better recognise and respond where there is pathophysiology (disease or injury that disrupts physiological functioning). This means that interventions can be offered only when needed and wanted to maintain safety, focusing scarce resources where they are most needed. Integral to this is recognition of and respect for the birthing woman's autonomy and her freedom, for example, to eat, move or rest at will.



In this bumper issue of our journal we introduce some of our case studies of physiology-informed practices and those who have tried to introduce them into widespread practice, including optimal cord clamping and the 'Wait for White Campaign', Molly O'Brien's Biomechanics, and Julia Mihaylov's thoughts on the use of the Rebozo scarf during the perinatal period. We feature some beautiful birth stories, describing care that truly honoured and respected birthing physiology from Jane Furness, Juliet Fisher, and Noreen O'Dwyer Hart.

Alex Smith will talk us through respectful birth in the safety of one's own home. MidwifeFedwa Harak and doula Sallyann Beresford discuss what physiology-Informed maternity services could look like, including barriers to implementing this evidence-based change.Emily Burke asks what is causing women to fear physiological birth and Naomi Glass talks about the benefits of physiology-informed maternity services in high risk situations. Anna Jones and Lydia Barwood discuss supporting physiological birth as student midwives and midwife Jenny Smith talks about the benefits of the natural (gentle) Caesarean birth, which she was involved with pioneering. Nicole Schlögel has written a wonderful account, drawing on her experiences as a former midwife and now fascia therapist working to optimise birthing physiology. We also share Toni Harman's blog asking: "Is it time for an oxytocin-based maternity system?", discussing a recent paper by Dr Nils Bergmann which presents strong arguments for minimising separation between newborns and their mothers or parents, from the basis of physiology.

We round up the September issue with a review of Ruth Weston's new book, 'Born Stroppy', news from the Inaugural Regional Maternity & Neonatal Conference in Belfast on 25th March, and our regular Birth Activists' Briefing, which this quarter is about the latest data from the MBRRACE and the PMRT reviews. While last but not least, the AIMS Campaigns Team share what they have been up to since March.

We are very grateful to all the volunteers who help in the production of our Journal: our authors, peer reviewers, proofreaders, website uploaders and, of course, our readers and supporters. This edition especially benefited from the help of Anne Glover, Katherine Revell, Salli Ward, Danielle Gilmour, and Josey Smith.

The theme for the September 2025 issue of the AIMS journal is breastfeeding. If you would like to contribute your ideas for future authors and journal themes, please contact Alex at: alex.smith@aims.org.uk

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1 AIMS (2021) 'Position Paper Physiology-Informed Maternity Services'

2 Byrom, S. Lai-Boyd, B. (2021) 'Normal Birth 8. 'Twinkling the Rooms': Optimising Normal Birth in a Hospital Setting': www.all4maternity.com/normal-birth-8-twinkling-the-rooms-optimising-normal-birth-in-a-hospital-setting/

3 Olza I, Uvnas-Moberg K, Ekström-Bergström A, Leahy-Warren P, Karlsdottir SI, Nieuwenhuijze M, Villarmea S, Hadjigeorgiou E, Kazmierczak M, Spyridou A, Buckley S. Birth as a neuro-psycho-social event: An integrative model of maternal experiences and their relation to neurohormonal events during childbirth. PLoS One. 2020 Jul 28;15(7):e0230992. doi: 10.1371/journal.pone.0230992. PMID: 32722725; PMCID: PMC7386571.

https://pmc.ncbi.nlm.nih.gov/articles/PMC7386571/

4 Newton, N., Foshee, D., & Newton, M. (1966) 'Experimental inhibition of labor through environmental disturbance' *Obstetrics & Gynecology*, *27*(3), 371-377

5 Odent, M. (2019). *The future of Homo* World Scientific Publishing Co. Pte. Ltd.

6 Buckley, S. (2011) 'Undisturbed Birth': www.aims.org.uk/journal/item/undisturbed-birth

7 Smith, A. (2023) 'Physiological birth: how it works': AIMS Journal, Vol 35, No 1: www.aims.org.uk/journal/item/birth-physiology-simple

8 www.formedfilms.co.uk/physiologyofchildbirth Video Credits: Sheena Byrom OBE, Anna Coonan-Byrom, Prof. Soo Downe, Dr. Sarah Buckley, Dr. Kerstin Moberg, Molly O'Brien, Kay King, Anastasia Topalidou, Anna Horn

9 Lynch, E. (2020) 'Optimising Normal Birth: Tips from a midwife':www.all4maternity.com/optimising-normal-birth-tips-from-a-midwife/

10 AIMS (2024) 'Position Paper Choice of Birthplace':

www.aims.org.uk/assets/media/725/aims-position-paper-choice-of-birthplace.pdf

11 Glover, A. (2023) 'Choice of Birthplace' AIMS Journal, 2023, Vol 35, No 2

www.aims.org.uk/journal/item/birthplace-rights-choice

12 National Maternity and Perinatal Audit (2019) Organisational Report 2019

https://maternityaudit.org.uk/FilesUploaded/NMPA%20Organisational%20Report%202019.pdf

13 Birthrights (2025) 'Access Denied: Restrictions to Home Birth in the UK':

https://birthrights.org.uk/wp-content/uploads/2025/03/AccessDeniedBirthrightsFinalReport-1.pdf

14 Kelly, K. (2023) 'Safety and place of birth: part one': AIMS Journal, Vol 35, No 2

www.aims.org.uk/journal/item/birthplace-safety-low-risk

15 Kelly, K. (2023) 'Safety and place of birth: part two': AIMS Journal, Vol 35, No 2:

www.aims.org.uk/journal/item/birthplace-safety-high-risk

16 Hutton, E. K., Reitsma, A., Simioni, J., Brunton, G., & Kaufman, K. (2019) 'Perinatal or neonatal mortality among women who intend at the onset of labour to give birth at home compared to women of low obstetrical risk who intend to give birth in hospital: a systematic review and meta-analyses', *EClinicalMedicine*, 14, 59-70.

17 Wickham, S. (2025) 'Is Home Birth Safe': www.sarawickham.com/research-updates/is_home_birth_safe/

18 AIMS (2017) 'Choosing you Place of Birth': www.aims.org.uk/information/item/choosing-place-of-birth

19 Olsen, O., & Clausen, J. A. (2023) 'Planned hospital birth compared with planned home birth for pregnant women at low risk of complications', *Cochrane Database of Systematic Reviews* (3) www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000352.pub3/full

20 Iatrogenic harm is harm caused by medical treatment, including harm from experiences and interactions as well as interventions https://journalofethics.ama-assn.org/issue/inequity-and-iatrogenic-harm

21 O'Brien, M. (2025) 'Optimal Birth: Changing the Conversation about childbirth': www.optimalbirth.co.uk/index.php

22 'Quashie, M. (2025) 'Open Letter in Response to the Recent Briefing Birthing Outside of Guidance proposed by the Maternity and Newborn Safety Investigations (MNSI, previously HSIB) Team'*Midwifery Matters* 184, 12-14

23 Darling, F. (2023) 'Facilitators and barriers to the implementation of a physiological birth in labour': www.aims.org.uk/journal/item/birth-physiological-care-approach