AIMS For a better birth...

The Fabric of Birth: Part two

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In the second and final part of her fascinating article, Nicole continues to reflect on how the 'mechanics of birth', the measurements of which she learned by heart as a student midwife, is at complete odds with the organic dynamics of physiological birth that she witnesses as a fascia therapist. She concludes with a heartfelt plea for a maternity care system where women can safely entrust their care to midwives and doctors who truly understand, respect and support physiological birth and, at the same time, are on standby with timely medical support when this is required.



By Nicole Schlögel

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> *It's mushroom curry for dinner. I have put the first load of sheets from today's clinic in the washing machine and start with slicing the mushrooms.*

Some of the mushrooms still have bits of soil and mycelium attached. As I cut it away, I acknowledge that, until fairly recently, I thought those thread-like filaments were the mushroom's roots—after all, they anchor the mushroom into the soil. But then I watched the documentary Fantastic Fungi, and I was informed that they are not roots at all.

I was immediately fascinated and inspired to investigate further.

Now I understand that mycelium, though it looks like a root, is actually the main body of fungi. The mushroom is merely its fruit—emerging from its hidden underground network only to release spores to seed the next generation of its species.

For the second time today I am struck by the similarities between mycelium and fascia. These unassuming strands of fibre are part of a living network that forms the body of the fungus. They live below the ground like fascia lives beneath our skin.

We now know, beyond doubt, that individual mycelia communicate—not just for their own survival, but to strengthen the entire ecosystem. They even extend their support to other species by connecting with their roots.

I smile thinking how much we can learn from this intelligent organism. What if we embraced that the ecosystem of birth is strongest when all species of birth workers collaborate for optimal thriving?



There's another list of words to add to the student midwives' litany—another verse to the anatomy of childbirth.

"Engagement, descent, flexion, internal rotation, extension, restitution, expulsion".

The cardinal movements.

Our lecturer today explains to us that the baby engages, then descends, flexes its head, then rotates in the pelvic cavity, then extends its head - *this* movement leads to the birth of the head.

The baby then rotates again to release the shoulders, a mechanism known as restitution or external rotation. This can be observed by watching the baby's head turn towards one of the mother's thighs. Finally, the body is born by expulsion.

It's not Sharon teaching this time but another of our lectures. She's nice but nobody quite matches Sharon's sharpness and clarity. By now, Sharon has secured her place as my favorite tutor. I admire her commitment to holding us to account in a way none of the others do and I admire her confidence in her area of expertise.



> *My hand cups yet another sacrum, that of a mother in labour. It feels as though the baby is right there, on the other side of this sacral bone and with every surge the bone seems to yield into my palm a little more.*
>
> *"That soon?" I doubt the obvious, despite the bulging sacrum in my palm.*
>
> *She deepens her breath intuitively. I massage her back and I watch as the surges continue to shift and intensify. Now they are definitely birthing contractions. Her belly heaves with each one.*
>
> *She gets up from the bed to move into her birth space and I follow her.*
>
> *On the drive home from witnessing this miracle I find myself in deep reflection. Birth after giving up my registration messes with my mind more than I expected.*
>
> *I always felt that as a midwife I was pretty hands off. I saw many women through labour without ever performing a vaginal examination. I have seen many first time mothers give birth fast, and yet I find myself missing the structure offered by guidelines.*
>
> *Even if a mother chooses to forego all routine observations there is a sense of control in operating from within a given framework. Now there's nothing other than what's unfolding before our eyes.*



Sharon explains that a baby is not a mini adult and that this is important not only when a baby needs the kind of high-tech support available in a neonatal intensive care unit (Sharon's preferred habitat as a midwife), but also when it comes to understanding the adaptations that happen in the first minutes, hours and even days after birth.

Today we learn about fetal circulation. We each get a handout with a baby's heart, lungs, liver, major blood vessels and placenta drawn on it - or rather a fetal heart, lungs, etc.; the circulatory anatomy of a

fetus is distinctly different to that of a baby and Sharon makes sure that we know that it would be wrong to refer to the fetus as a baby in the exam.

She goes on to explain the circulation of a human in utero. Firstly, given that the baby's lungs are not yet breathing but are instead two fluid filled bags of tissue waiting to be inflated for the first time, the placenta takes over the role of gas exchange for the baby through the umbilical cord (I know, I know it's a fetus! I can't help myself and thank goodness I am not currently sitting the exam). I realise that the placenta is the only external organ we will ever own and it belongs to the baby's anatomy. I vow to never call it 'your placenta' when talking to a pregnant mama. I will always refer to it as 'your baby's placenta'.

There are some unique structures that will change once the baby is outside. Two extra blood vessels and a little flap between the top two chambers of the heart ensure that the baby can grow and thrive inside its sea of amniotic fluid.

Birth changes everything.

I sit in awe as Sharon explains to us in great detail everything that has to occur for the new human to be able to sustain life on earth. As soon as the baby expands her lungs for the first time, the changes in pressure help the baby to now get their oxygen through the breath, the placenta is no longer needed.

There is no question in my mind that this *does* matter. It matters very much!

I watch Sharon in admiration - she has *seen* this occur over and over - and I know that I will never look at a newborn baby in the same way.



> *Another birth I miss entirely, also a first. The placenta is still inside when I arrive and has been for at least two hours now. I wait to be invited into the space. "Nicole, she would like to see you, she's getting out of the bath." I walk into their bedroom and I am greeted by the most sacred of scenes one can ever witness. A mother, her baby still tethered to her by the umbilical cord and the new father, all glowing in the candlelight. It's the middle of the night, there's a raging storm outside. I encourage him to support her to stand up and a little later the placenta plops out with the mother's gentle traction on the cord. The baby is still attached and happily nestled against his mother's chest. He has fed for most of this time, she tells me.*
>
> *Wonderful! I catch a glimpse of the new baby and I share with the parents the miracle that I know is occurring right before our eyes beneath his skin.*

While the parents get to severing the baby from his placenta, I help with some of the practical things like preparing some food and dismantling the pool. Once everything is tidy I leave the new family in their bubble.

On my way down the motorway, I ponder on the idea that witnessing birth is very different to observing birth. When you witness birth in the way that I just had, cardinal movements, pelvic diameters or the diameters of the fetal skull don't matter. Dilation of the cervix or the station of the presenting part (normally determined via a vaginal examination) don't matter either because nobody observes them.

I reflect back on the day I was introduced to the cardinal movements. I thought then that one followed the other. I don't think that this was specifically implied but they were presented as a list and to me this looked like they were in some sort of chronological order. It took me a few years of practicing as a midwife, to realise that it all occurs at the same time. Engagement, descent, rotation, and flexion occur by cause and effect.

With engagement comes descent, and with descent there's more engagement. As the baby moves deeper, flexion and rotation unfold together. Millimetre by millimeter the baby travels through. Diameters change fluidly through more flexion and rotation. The baby molds into the space as the mother yields around the baby.

It is a perfect design.

Over the last ten years or so, through my studies of the fascia and the spatial relationships within the pelvic cavity, I deepened my understanding of the role of our soft tissues in birth (I highly, highly recommend Tom Myers' course "Deeper Ground: Restoration and Vitality for the Female Pelvis." if you support women in any capacity at all).

The process of birth is guided by the innate asymmetries of the female body. The posterior pelvic floor tends to yield more easily on the left, while the uterus carries a natural rightward tilt. Together, these subtle imbalances create a spiral-like dynamic that is integral to birth, allowing the baby to rotate through the pelvis via the path of least resistance.

And yet, what I was taught makes up the anatomy of birth - both in the mainstream and holistic realms - is not at all part of the birthing mother's conscious experience nor does it exist for the baby.

The difference between witnessing birth, cognisant of the role of the fascia and soft tissues, and observing it, plotting 'progress' in regular intervals is that one is supportive of its unfolding - honoring the body in its orientation towards health and resolution - and the other is actively hindering the intricate hormonal orchestra.

Two different types of touch, one diagnostic, seeking to exclude a deviation from 'normal', the other nurturing - allowing the hormones of birth to flow more easily.

Birth within the medical system and birth outside of it are both part of the fabric of birth in society—like fascia, like mycelium. Each birth, in its unfolding, continues to weave this fabric and shape our collective consciousness. Like the spores of a mushroom, it seeds the landscape of birth for future generations.



We sit the exam in neat rows in Whitla Hall. I sit behind a single desk and the students to my front and back and right and left are about five feet away. Consulting with each other would most definitely rouse attention (not that I would consider cheating). There's nothing unexpected on the paper and, although I don't ace the exam, I pass with a big enough margin to stay on track for the first honours degree I will collect two years down the line.

By the time I collect my degree I have learned about childbirth pathology. I know about 'delay in first stage' and the protocols that go with it for example - I already understand that the concept of 'too slow' is not at all useful in supporting birth physiology. I also now know how to respond to emergencies that can occur in birth and I pray that I will always respond in the correct way.

Sharon has taught us how to recognise a baby who might need help and, again, I hope that my eyes and ears will be vigilant enough to understand the sometimes subtle cues a newborn baby might give me to ask for help.

I am a fully fledged midwife ready to be released into the fascia of NHS maternity care and I am excited and nervous in equal measures.



My career as a midwife, in many ways, is everything I could have hoped for. In the eighteen years I spend in the NHS I see many examples of its strengths.

I can see that the very systems that are driving birth medicalisation - and many women away from institutionalised maternity care - are also offering a structure to look to when emergencies and tragedies do occur.

At the moment I can see a shake up in birth culture and I wonder how it will all evolve.

I would love to see a birth ecosystem that appreciates the strengths of system based services and out of system services. Could we create an intelligent mycelium type matrix to uphold a new maternity system, a fascia that allows for sensitive and supportive communication with pregnant women and their families?

Years ago I asked myself the question if the diameters I learned off by heart actually mattered. I think it's time for the institution to admit that they don't and stop focusing on attempting to measure. Those diameters are estimates and we know that they change with movement. They are not even definitive in a woman who is lying on her back - as most women in labour wards across the world still do.

On the other hand it is time to reaffirm the types of scenarios in which medical intervention will make a difference.

A father recently said something during a birth preparation session that stayed with me:

“We don’t know what we don’t know.”

He was struggling with the idea of his wife’s right to decline interventions. Don’t the experts know best? Wouldn’t you just do what they say?

How insightful; we don’t know what we don’t know!

This is the dilemma that we all face all the time.

It’s a shame that parents now find themselves in a position where, in order to protect themselves and their babies from the potential harm of unnecessary interventions, they may end up making decisions from a blind spot. This too, could potentially put them at a disadvantage.

There’s no way to convey to parents all the ins and outs of the big picture.

We cannot know which scenario will unfold. And the truth is, things are not as black and white as they are often portrayed—whether in birth activism or in medical maternity care.

Parents understand this—and they would love to be able to defer to the expertise of their midwives and doctors without facing a 40–50% chance of a caesarean section, or an additional 20% chance of an instrumental birth.

Could the incredible skill within maternity care—I would trust Sharon implicitly to nurse my baby— sit alongside a physiology-informed, functional approach to pregnancy and birth?

Will maternity systems make space for simple birth witnessing, reserving medical technology for when it’s truly needed?

And more importantly, what would need to shift in our collective fascia—in our mycelium—for the extended ecosystem of birth—society itself, the legal system, and the press—to embrace such an approach?



Author Bio: Nicole is a former midwife and author of the blog My Journey of Conscious Uncoupling from NHS Midwifery. She practices as a fascia therapist at Essentially Birth, her pregnancy massage clinic in Belfast. Nicole is passionate about the role of the soft tissues in birth and she is the co-creator of the Born Through Yoga Movement for Birth and Nurturing Newborns Programme.