AIMS For a better birth...

Antenatal Education in Imaginary Hindsight.

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An Editorial foreword: As an antenatal educator I would often invite the expectant parents to imagine that their baby had safely arrived and everything about the birth experience had been amazing. In the exercise I asked them to imagine that they were writing to a close friend explaining exactly why the birth and the events around it had been so wonderful. Was it the care they received? If so, what exactly about the care made all the difference and who was providing it? Was it the birth environment? If so, what exactly about the birth environment made all the difference? Importantly, what great decisions and arrangements had they put in place? What skills and inner resources had they called upon? How had they acquired these? And, as a result of this powerful experience, how do they feel about themselves now as they embark on parenthood? This exercise in imaginary hindsight helped parents: to identify their values in relation to birth; to 'be at the helm' mapping and steering their chosen path through the real event to come; and to equip themselves for this and for any adventure that they may meet on the way. Once a person has imagined themselves doing something, it is easier for them to do that thing in real life. Neuroscience explains that this is because the brain processes the imaginary account almost as if it had really happened, acting as a powerful rehearsal (or education) for the future event. A longer explanation can be listened to in this video.

In the following article, AIMS volunteer Kath Revell invites us to use imaginary hindsight in 'pre-remembering' a possible narrative about how we might have moved, as a society, from the present day issues in the maternity services to a much brighter future.

Alex Smith

Antenatal Education in Imaginary Hindsight.



By Kath Revell

In Active Hope Training there is a concept called 'imaginary hindsight', which says that if we want something to happen, we imagine it as if it has already happened. Then it has a stronger possibility of happening. It's not a vision; it feels more like a memory. The clearer we can imagine the details of the change we want to see, the more real and possible that change becomes.

With that in mind, here is an imaginary conversation. between an AIMS volunteer from the present time (Nowa) and an AIMS volunteer from the future (Futa). In that future world, against all expectations, physiological birth has become the norm. Most people give birth at home, because travelling to hospital is so disruptive to labour. There are very few caesareans, virtually no inductions and birth trauma is very rare . Physiology, including birth physiology, is a core subject at school.

The two AIMS volunteers meet at a conference about antenatal education, set in a future time (you decide when). Looking around the conference hall, Nowa, the newly arrived volunteer from 2026, can't believe her eyes.

Nowa

How did this dramatic change come about? It's like a revolution! AIMS has been pushing against the over-medicalisation of birth for decades. We've been campaigning for physiological birth for decades! It's been like banging our heads against a brick wall. The march of technology seemed inevitable. How did you manage to turn things around?

Futa

It was part of a much wider movement, a complete system change, a dismantling of the old corporate power structures. It was like dominoes – the old system collapsed really quickly in the end. But it's

arguable that the whole movement started with the homebirthers. Back in the mid-2020s, the time you're from, it had become almost impossible to have a homebirth with a midwife…

Nowa

…yes, that's exactly what's happening now, in 2026…

Futa

…right, so people took things into their own hands and voted with their bodies. They refused to be coerced into going to hospital and were willing to freebirth if necessary. It was the scale of the movement that made the difference. They were joined by some visionary midwives who were equally disenchanted with the broken system and supported them. They shared their knowledge and skills in physiological birth and trained them. They went on call for them in secret and attended births, even if it meant they ran the risk of losing their jobs. The movement gained credibility because generally the outcomes were so positive.

Nowa

But they can't all have had problem-free births with no complications. What about all the things that can go wrong? Birth is never 100% safe and predictable.

Futa

Of course, you're right. Inevitably there were complications, but they were rarer than you'd think. Some women did have to transfer to hospital during their labours, but even then, the outcomes were positive because they'd made the decision for themselves. And, like the midwives, there were some enlightened obstetricians who were fully supportive of the movement. They'd learned about birth physiology and how to perform caesareans with minimal disturbance of the bonding process. The women knew which obstetricians to ask for and the obstetricians were aware of which women's babies were due. It was a pretty big network.

Of course the root of it all was the inspiration of the ancient teachers, people who were around in your time, like Ina May Gaskin, Michel Odent, Jean Sutton, Grantly Dick Read, Pam England, Penny Simpkin, Sarah Buckley, Janet Balaskas, Frederick Leboyer, Marie Mongan, Caroline Flint. We were lucky there was such a wealth of knowledge to draw upon.

Nowa

I'm so relieved to learn that all that knowledge of birth physiology didn't get lost!

Futa

No! Certainly not!! It's at the root of our whole maternity service. Only we don't call it 'physiological birth' anymore; we just call it 'birth.' And the knowledge is still being built upon; there's lots of funding for

research into birth physiology now. Look at all the books on display!

Nowa

Ah! That is music to my ears. And the authorities? How did they react?

Futa

The authorities didn't like it. They said it was dangerous; they said midwives were working dangerously long hours; they said babies would die. They tried to clamp down by restricting working hours and making it illegal to attend a birth without a midwife present, which meant more and more people had to give birth unattended. That takes courage. That's why they're so legendary.

Nowa

But now it's different and the authorities are on board with physiological birth. So, how did that change in attitude come about?

Futa

It became obvious, after a while, because of the scale of the movement. The people who birthed at home tended to have straightforward, unproblematic births and the mothers and babies tended to thrive. Whereas people who stuck to the industrial, medical model of birth, like the one you've been describing from 2026, ended up with all sorts of complications and traumas and lasting mental health problems. The difference was undeniable. So, gradually more and more people, including celebrities (that always helps!), started wanting physiological births and soon it became mainstream. Also, the medical model became so expensive; in the end it was unaffordable.

Nowa

And now there are plenty of midwives again? In 2026 there is an acute shortage.

Futa

Yes, now there are lots of midwives, thoroughly trained in birth physiology. There's no shortage because they stay in their jobs for a long time. It's their vocation. It's always been their vocation. It's rewarding because they care for the same mother right through from early pregnancy until six weeks after the baby is born. They get to know the whole family. People talk about 'my midwife', because they often have the same midwife for the next child.

Futa

I can't believe it! I'm pinching myself! It sounds too good to be true! We've been campaigning for Continuity of Carer for decades! I'm astonished!

Nowa

But listen to this. The midwives teach the mothers to give birth without them!

Nowa

WHAT??? Why do they do that?

Futa

So that the mothers grow in confidence in their ability to give birth. They learn to trust their bodies, they understand the processes, and they train for the event. They're not expecting to give birth without their midwife, but they know they could do it if they had to. It empowers them. The midwives are unobtrusive anyway. They never interfere unless absolutely necessary. Usually, they just sit in the corner and calmly get on with their knitting.

Nowa

Oh! I love that image! It's so reassuring. You said people 'train' for birth. Can you explain what that training looks like? How do you train for a physiological birth?

Futa

Well, that's what this conference is about. There's no one method or technique, but it's all rooted in birth physiology. The emphasis is on self-learning, finding out what works for you, feeling your body, getting in tune with your baby. Birth is a bodily experience, so we train through our bodies.

Nowa

I see. And is there an underlying philosophy? A reason why you choose to make physiological birth the primary focus?

Futa

The central philosophy, or the desired outcome, if you like, is the empowerment of the mother through the birth experience. This is the central priority. Because when the mother is empowered through her birth, then it affects her whole life in a positive way, long into the future. The baby thrives and the whole family, the whole of society benefits.

In a physiological birth, as you know, the feelings of triumph and elation that accompany the birth of the baby lay the foundations for the loving bond between the mother and baby. That's the safest thing for the baby, because the mother becomes fiercely protective after an experience like that.

Nowa

But what about when birth doesn't go according to the plan? What about when the baby's in a strange

position or the mother gets exhausted or the baby shows signs of distress? What about all the risks, all the things that go wrong? I know our maternity system, back in 2026, is far too focussed on risk, but how do people cope if they can't have a physiological birth? Do they feel like they've failed? Isn't that traumatic for them, if the expectations are so high?

Futa

Birth can be empowering even if it doesn't follow the straight-forward, physiological path. There are lots of things that can go wrong, as you say, but physiology-informed care significantly reduces that possibility, and, because the midwives have such a deep knowledge of physiological birth, they know when to act. They listen to the mother. They use their instinct. They know in good time if there is a need to transfer to hospital. And even in the hospital, they follow birth physiology as closely as possible. The main priority is always to keep the crucial bonding time as undisturbed as possible.

Also, the things we learn during the antenatal period aren't just useful for birth - they are life skills. Things like how to bring yourself into a deep state of relaxation in a short space of time. Or how to calm yourself through your breathing. Or how to concentrate when there is distraction. Or how to move your body more naturally. Plus, all the friendship bonds. So even if you don't get to use the skills in your actual birth, you wouldn't want to miss out on the classes. Even people having elective caesareans still come to the classes.

Nowa

So, women can have elective caesareans then? There's no pressure to birth physiologically?

Futa

Of course! It's their right to decide, AIMS has always strongly supported this. It's just that most people don't want to miss out on the experience of birth.

Nowa

And the antenatal classes - I'm guessing they run from early pregnancy right up until the birth, yes?

Futa

Yes, they even continue long after the birth, with things like baby massage classes. There's no set syllabus for the classes because the teachers are autonomous and set their own agenda according to their knowledge and skills and according to the group. But they always cover the basics of birth physiology – the hormone flow and the need for privacy and baby positioning. Why don't we have a look round at the conference stalls and workshops and you'll get an idea of what's included?

Futa

Great!

The two new friends passed several interesting looking workshops and talks: a talk on acupuncture in labour; a chanting workshop; a shiatsu massage demonstration; a seminar on breech birth; a workshop on rebozzo technique; a workshop for people in wheelchairs; a class for couples and birth partners.

Nowa

I was wanting to ask about birth partners, how are they included in the birth?

Futa

They're included as much as they want to be, or as much as the mothers want them to be. Let's take a peak.

Behind a curtain they found a softly lit, comfortable space with foam mats on the floor and an abundance of cushions. It took a while to adjust their eyes to the dim light. Couples were rehearsing support positions for labour and birth, moving slowly together. One partner was holding the mother's hips from the sides as she slowly rotated on all fours; one mother was leaning into a wall while the partner stroked her back; one mother sat on a birth ball, while the partner massaged her shoulders. It was a convivial atmosphere with quiet talking and occasional bursts of laughter.

Nowa and Futa left quietly, not wanting to disturb the calm atmosphere. They passed a yoga workshop, a Qigong workshop, a Tai chi workshop and came to a Somatics workshop.

Futa

Ah! Somatics! Of course! Not many people have heard of it in 2026, and certainly not in connection with birth education, but I can see how it would be useful. Can we take a look?

A workshop leader was explaining the main technique of Somatics, pandiculation.

"Pandiculation is a means of letting go of tension. Mostly we can't feel the tension we're holding; that's why it's hard to release. With pandiculation we tense our muscles deliberately in order to release them. The tightening helps us feel the tension; then we can release it. Try this now. Slowly raise your shoulders to your ears."

People raised their shoulders to their ears.

"Then pause. Feel the tension at the top of your shoulders. Now slowly – slowness is the key – release your shoulders and lower them down. Then rest. That's a pandiculation. Can you feel the change already?"

Several heads nodded.

"But how can I use that in my birth?" asked one young mother. "You can use it anytime and anywhere in

your body. You can deliberately tighten into the contractions of labour, and then slowly release. Or you can contract and release your shoulders during the rest phase between contractions. Or you can use pandiculation to help you let go when your baby is descending through the birth canal. Tighten in order to release, and release slowly, that's the method. But you have to train yourself, so you get good at it."

Lastly the two friends came to a workshop entitled 'Imaginary Hindsight'.

Nowa

What is this, do you think?

Futa

Let's go in and see.

Behind the curtain in a comfortable space everyone was lying on the floor. The workshop leader was guiding the group through a meditation in which they imagined themselves after the birth of their baby, having given birth, triumphant, gazing at their baby, skin to skin. "Imagine this in detail. This is your birthright".

Nowa

(whispering) I'm a bit concerned about this. What if we raise people's expectations and then they are shattered if the birth experience doesn't go the way they planned?

Futa

We raise our expectations deliberately; we expect to have an empowering birth experience – most of our friends do, why shouldn't we? We are in safe hands. There is no fight. Everyone wants the same thing – a strong bond between mother and baby. Anticipating it just makes it more likely.

Nowa

I have a lot to take back with me when I go. I wish I could stay here! But at least I know there is a future time when things will have changed for the better. There is hope.

Futa

There is always hope.

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.

AIMS footnote: AIMS does not advocate for any particular type of birth but supports the legal right of women to decide what is right for them. This includes deciding where and how and with whom they give birth, whether this is in hospital, in a midwife-led unit or at home. For women considering freebirth we include this information: Freebirth, Unassisted Birth and Unassisted Pregnancy