AIMS For a better birth...

Editorial: Free from Choice

AIMS Journal 2013, Vol 25, No 4

Vicki Williams takes a journey to primal birthing

This issue of the AIMS Journal is a journey into a place far from mainstream maternity services. Freebirth is not a choice that everyone will want, but the reality is that it is a valid decision, it is an option for which safety cannot be disproved, and for some it is the ultimate expression of their birthing autonomy. AIMS does not tell women how to birth, what AIMS does do is campaign for care that is safe, effective and emotionally responsive as well as being evidence based. AIMS supports women in making decisions about their birth and in making those decisions a reality. My aim for this issue is to share the words of women who have decided to birth unassisted and to open up the concept of truly woman-centred choice. The concept of making decisions about one's body as opposed to making choices from a limited menu offered so often causes confusion amongst women and professionals alike.

Contrary to popular media perception, women who freebirth are not 'knit-your-own-granola hippies', nor 'hopeless dreamers, basking in blissful ignorance', both quotes levelled against real women during the recent media freebirth-frenzy. From discussions on freebirth groups and forums, of which there are many, one of the big reasons freebirthers keep quiet is the sensationalist, 'freak-show' commentary that so often comes their way. It is important that those who support birth support all women, regardless of their agreement with individual decisions. It is vital that women are acknowledged as being the owners of their minds and bodies and that we understand whose body is at stake... Who carries the can when intervention goes wrong? If it is not the one performing or recommending the intervention then their advice should respect the views and autonomy of the recipient. They might think their reputation, job or insurance is at risk, but it is not their body that carries the scars. When people make their own informed decisions they rarely blame their care, but when they are encouraged to make a particular choice and it goes wrong they complain, and bitterly.

I make no apology for the fact that this issue is very personal, it is, after all, my story too. It is a very intimate issue and I am honoured that so many women agreed to share their very private experiences so that others can understand a little more about freebirth on a personal level. The result is their story in their words, and whatever your feelings about the rights and wrongs of birthing without a medical attendant, for some women it is the right and first decision, not just the only option left. On page 6 Joanna Joy explores some of the reasons women made their decision to freebirth.

The most common criticism levelled against freebirthing mothers is that it is dangerous, and that they are putting their life and the life of their child at risk. This is only true if you subscribe to the belief that birth

is inherently unsafe and the belief that women's bodies do not know how to give birth to a baby without assistance. In reality there are not enough statistics on healthy women who plan unattended birth to make a statement either way.

As a freebirthing mother, I am not convinced by the inherent danger argument. Were the theory that birth is dangerous true, the human race would not be so prolific in the 21st Century. For millenia women have birthed babies in sufficient numbers for the species to thrive, and populate, some would say over-populate, our planet.

Healthy women usually birth healthy babies, and the biggest influence on the health of mothers and babies comes not from birth itself but from the impact of poverty in all its guises. Poor living conditions, including for those living in poverty in high-income nations, and lack of access to good support and back up services if needed, are linked to worse outcomes for women and children. It is important to remember that poverty is not limited to the developing world and that not only the under-fed have poor nutrition, the modern age is also dealing with the health issues for those whose calorie intake is substantially higher than their requirements, and those who eat sufficient, or even too many, calories, but are chronically deficient in other nutrients and micronutrients. Addressing the combined issues of poverty and inadequate nutrition on a global scale would have an enormous impact on the health of women and children, and not just during pregnancy and birth.

So, would nature make birth dangerous? If it really was so we would lay 1000 eggs, not birth single babies only every few years. Why would we bleed to death and leave our offspring abandoned? We've evolved with babies who are very dependent, we're not free to leave them at birth. Why would they get regularly stuck? Nature would have done something about that, made us bigger or our babies smaller, perhaps given us pouches. Occasionally there are unpreventable problems, but those are the rare exceptions, not the rule.

Why would the healthy baby of a healthy woman die in labour? It makes no sense. Perhaps labour is tough on a sick baby, that would fit the theory of evolution, but most babies of well-nourished women living in good conditions are not sick, not even remotely. Could it be that the danger and fear are largely man-made, and the modern methods of containing that danger result in a self-fulfilling prophecy? It seems clear that the three enemies of the birthing woman are poverty, poor nutrition, and the introduction and promotion of fear.

In this issue, Dr Sarah Buckley explores the physiology of undisturbed birth, the ultimate desire of freebirthing women - to birth as undisturbed as possible, because that is what feels safest to them.

The consequences for many women in making this decision are more often societal than of physical safety. On page 12 Melissa Thomas bravely shares her story of a beautiful unassisted birth where her intimate babymoon afterwards was shattered by an untimely, unwarranted and possibly law-flouting investigation by Social Services. In fact, contrary to information frequently given by professionals and lay persons alike, unassisted birthing is not only legal, but is protected by the codes of conduct of all the

medical professionals who have a duty to be involved if a woman asks it of them. Birthrights has an excellent series of fact sheets on the subject and is a great place to go for legal advice. A summary of the legal situation is on page 13.

The concept of care in pregnancy is briefly touched on on page 11, where I explore some of the evidence, or lack thereof, supporting antenatal testing and screening, especially when that replaces emotional care and nurturing of a pregnant woman.

Our bodies know how to give birth. For a very long time what we have asked from our support is someone to protect our nest, our birth space, someone we can trust completely to repel observers and predators. Under those conditions birth and breastfeeding is as safe for humans as for any other mammal. As we became a verbal and tool-using society, the 'birth attendant' stepped in. Someone who went some way towards protecting the intimate space, but who also could step in to try and help minimise or relieve the effects of disturbance or fear stemming from the stories of others' disturbance. We called her Mid-Wife and we loved her for her calm, reassuring presence, her authority that kept others away from the protected birthing space, for her skills in situations where disturbance or deprivation disrupted the birth process. As society progressed there were those who resented her skills, who did not understand her value, who felt better able to 'fix' those 'problems' with ever-increasing use of tools and medications, they called Mid-Wife 'Witch', they persecuted her and claimed birth for themselves, and it became less and less emotionally and physically safe.

Somehow, in relatively recent history, some of those protectors of the space also changed their judgement, others were swallowed by the system, and rather than allowing the process to unfold in a protected space, they began to perceive childbirth as painful and hard. The more they observed and 'helped' the more painful and hard it became, the harder it became, the more they tried to help. The more disturbed the birthspace became, the harder and more dangerous birth got, until we have reached the point where one in every four pregnancies will end with major surgery. Fewer than one in ten births now unfold without drugs or instruments to speed progress or relieve fear and pain, and midwives who truly protect the space or support women to make decisions outside of the system are regularly taken to task.

*If they are suppressed (women), she struggles upward. If women are free, she is free. Fortunately, no matter how many times she is pushed down, she bounds up again. No matter how many times she is forbidden, quelled, cut back, diluted, tortured, touted as unsafe, dangerous, mad and other derogations, she emanates upwards in women, so that even the most quiet, even the most restrained woman keeps a secret place for Wild Woman. Even the most repressed woman has a secret life, with secret thoughts and secret feelings which are lush and wild, that is, natural. Even the most captured woman guards the place of the wildish self, for she knows intuitively that someday there will be a loophole, an aperture, a chance, and she will hightail it to escape.*Dr Clarissa Pinkola Estes, extracted from *Women Who Run With the Wolves: Myths and Stories of the Wild Woman Archetype*

Women deserve to reclaim their power, and reclaim their birth-right and their birth space, whatever their environment decision, because no one knows better what is right for her or most likely to help her

feel safe and undisturbed than the woman herself. Women need midwives, supporters of the woman, whether they attend her or not. They rarely need or want obstetric nursing, they want a supporter of their nest, and on page 9 Rachel Reed, looks at some of the issues around nesting in a hospital and the mixed messages given about safety. The stories of Joanna Joy (page 22), Hannah Robertson (page 15), Sarah Holdway (page 17) and of my own 6th child Ted (page 21) illustrate some of what undisturbed birth really looks and feels like. Some will have seen births like that regularly, others will rarely, if ever, have seen a birth which comes even close, and I hope that those stories can inspire. It does not hope to cover the issues facing those women who are desperately seeking support but cannot find care that matches their requirements. Nor does it discuss the issues facing those who called for support that never came. The abandoned women in our maternity care system deserve a whole issue to themselves and their stories, if you would like to share your story or thoughts, please contact AIMS.