AIMS For a better birth...

Childbirth, Nature and Culture

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One of the greatest gifts of my childhood was to be in direct contact with animals. My palms still feel the memory of wonder when feeling kittens move under the black fur of my kitty, while ample and searching for a place to have her litter.

I am grateful that she was allowed to have her four kittens in the drawer under the living room couch and take care of them there. As children we were told: 'The cat is searching for a place to have her litter. Leave her be. Don't touch them until she brings them to you, otherwise she could abandon them.' From that initiation into the wondrous creation of life, I am at home with the smell of amniotic fluid and familiar with the music that kittens make extremely pleased when breastfeeding.

I sing praise to gifts that remarkably visit us abruptly, one marvels at the other, each of them startlingly short-lived.

Do we ever witness a natural childbirth? No. What we usually see on television, in film or even in commercials does not count. It has the characteristics of something that people try to depict as the truth, but is far from it.

Are the students of obstetrics present, actually present, at physiological births before they star t learning about the deviations from normal, studying complications and being trained in treating or saving?

How are midwives being made wise today? The wives in the true sense of the word. Women of deliberate life experiences, really wise women or *sages femmes* as French midwives are called. Do they satisfy the fundamental condition of midwifery?

We can start solving the problems of modern childbirth by reviewing the latest scientific findings regarding obstetrics and midwifery, and their consideration in perinatal care. In order to grasp the magnitude of this subject matter through culture, we need not only scientific consistency and accuracy, but also the sensitivity of art [see *Art and Soul*, edited by Lorna Davies]. While rethinking the basics of human birth, special consideration should be put into the use of language; and even more, to the use of poetry as a path.

Original midwifery is action directed towards the good of others, individual women and their babies, and consequently also of the community. The mission of midwives was often passed on through female relations, from mother to daughter or through initiation procedures, when the old recognised the talented candidates among young girls. The younger girls accompanied the more experienced women

and learned by being present at births, participating in the activity, and by being patient and observant.

Brigitte Jordan describes how a traditional birthing assistant, a*partera*, introduced her to care of the pregnant women and their babies on the Yucatanpeninsula. Without any introduction or words of explanation, she simply took the scientist's hands in hers and led them across the round belly, enabling her to see by feeling the position of the baby and at the same time learn the right massage movements.

The preserved testimonies of ancient birth cultures speak of a wealth of wisdom, such as recognising the progress of birth from the woman's breathing and sounds or by the sense of smell to establish rupture of the fetal membranes. We should not underestimate the symbolic measures that midwives proposed. The opening of all that was closed – for example windows and doors – was important in cases of delay in labour and is mentioned in numerous versions by different ethnologists. The path of a midwife's study was a path to realising her name. In old English, the word midwife means to be with a woman.

The traditional learning through accompanying and being present in childbirth began changing with the emergence of professions. One of the first steps to be taken by traditional birth assistants was the condition that they had been questioned and confirmed for providing midwifery services and that they had been sworn in. The next step was the foundation of vocational schools providing midwifery education. Initially, the conditions for enrolment included the women's experience, maturity and ethics, which were related to their age, marital status and the number of children. These conditions were later abolished. It is no coincidence that pregnant women often doubted young midwives, thinking there is not much help to be had from a scholarly girl, who has not even tasted life when she does not have any life experiences and has not even given birth herself, and placed more trust in traditional birth attendants.

Development of midwifery, marked by increasing medicalisation, institutionalisation and use of technology, means that modern midwives have a lot of knowledge and experience with medical childbirths, yet are in asimilar situation to a person who learned to swim in a bathtub being lured by the ocean.

In order to revive midwifery we need to find a path to the master y. One which will balance theoretical knowledge with the acquiring of experiences: first, byaccompanying independent midwives during physiological pregnancies and births and caring for mother and child, and later, with learning and active participation. In order for midwives to act as independent experts, the more progressive ones are already taking the path that joins two parallel currents which complete each other like the strands of the DNA double helix. The first current runs in the direction of strengthening the midwifery autonomy that is based on recognising the nature of childbirth and on comprehending the basic elements of midwifery. This leads to more in-depth knowledge and skills and to their introduction to everyday midwifery practices regardless of the institutional frameworks. The second current runs in the direction of developing cooperation abilities, especially cooperation with the individual, and always with the special birthing woman, the child who is coming to this world, their loved ones and other professionals who are included in perinatal care as required, in the mutual striving to ensure conditions for its realisation. Such

cooperation also means that excessive commitment to external rules which may become an obstacle in providing excellent care is balanced.



These photos are an invitation to a journey along the path of understanding the differences between the prevailing forms of childbirth and a physiological birth. With thanks to the mother, the father and the child for this exceptional gift.

Midwifery is the sensitive search for balance between internal orientation towards the development of science and the formalisation of actions, and the direction towards those women, babies and families,

who are being born in front of their eyes and who give midwives the right to their name. When opening and yielding to birth, the woman legitimately expects the assurance of the community, which is provided through its representatives, the midwives, that what can feel like the chaos of birth is actually part of the natural order of things. In this sense,the midwives are the positive aspects of the images of Ancient Mother and Mother Nature.

The loss of contact with midwifery tradition is not the only problem faced by women as mothers and as contemporary midwives. The interrupted current of female tradition results in a striking lack of knowledge of the abilities of a female body. Despite the multitude of data, perhaps even excess information, pregnant women often feel as though they are lacking substance before the great event, and have difficulty finding assurance within themselves. While growing up, direct and indirect answers to important questions on birth are of key importance in forming their notions of future motherhood. What are the messages of our culture if adult women, half in hope and half in fear, ask: 'How can I give birth to a three-and-a-half kilo baby without being injured? It must hurt. Wouldn't it be better to have a caesarean?'

However, unlike soldiers, who give their lives for their country, women have the ability to give life differently. The condition of our gift is not our own death or end of existence. On the contrary. A woman on her way to motherhood, a pregnant woman, who is getting round and gaining curves, who is getting fuller in an inwards-directed concentric coating from the skin through the layers of muscles, uterus walls, fetal membranes and the placenta, is cradling the core of life. There are two hearts beating inside her. If she is carrying twins or more, there are even more hearts, which is a unique physical, mental and spiritual experience: two entities in one. This is related to becoming focused on oneself on the inside and a special glow on the outside that those who pay attention notice and ask: 'Are you expecting?'

This is a task that surpasses us as individuals, as new life springs up and develops within us, while the actual birth means that humankind is being linked and continued through us. A pregnant woman repeats the miraculous story of motherhood by her predecessor and her ancestresses, which is written in her organism on a biological level in order for humankind to continue.

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The relationship between mother and child, which requires nine months of patient waiting, nurturing of hope and careful internal listening, is the archetype of human cohabitation that leads from the newborn phase to human freedom as the child grows up.

Modern insights into life processes in the female body discover sensitive and co-dependent aspects, for example on the hormonal level, which enable, impede or even prevent conception, pregnancy, birth, lactation and breastfeeding. The latest scientific findings on the nature of motherhood (and fatherhood) inspire deep respect, and enable us to re-evaluate the values that served as the basis for fertility worship in traditional cultures. This is not merely a new and different understanding of the past. These findings

direct us to consider the conditions under which the women of today are becoming mothers.

No woman is outside of culture. We are born into it and are marked by language and interspersed with meanings and roles that define what being a woman means. There are other notions that mark us: how to eat and how to secrete, how to see to one's hygiene and how to care for one's body, how and when to make love, how to act as a pregnant woman, how and where to give birth, who should be present, what way of expressing pain and other feelings is acceptable, which position of the body is appropriate and which not. Cultural forms strictly shape motherhood, habits and rituals connected to pregnancy and childbirth, as well as the desired and expected behaviour and restraints of an individual woman, who internalises social expectations and norms. The physiology and culture of a woman, her personal story and family tradition can be in contradiction during the pregnancy, while the stress is even more evident in the actual act of giving birth.

The image of giving birth offered by the media, showing a woman screaming in agony, could not be more different from the images of a physiological birth.

Our civilisation places a positive stress and value on technology and dictates control over the body and its functions through interventions and medication. It demands external control over its functions, submission to norms and dictates a tempo that cuts through time like a metronome, so that a feeling of a constant need for an even greater haste emerges and that an unbearable lack of any kind of peaceful moments occurs. In a culture, thatappreciates self-control and objectification of the body, a woman may experience the forces of natural birth, its undulation and inevitability as crossing the lines, and letting go can be problematic or even unacceptable. This is joined by a fundamental mistrust of nature, the incomprehension of its rhythms and the fear of itsapparent disorder that some see as chaos that urgently needs to be limited. Modern birth assistance is characterised by technology, medical procedures and drugs which are quickly and often unjustifiably givenpreference over waiting, patience and trust. The notion of the modern woman's inability to give birth spontaneously is growing stronger on individual and cultural levels due to medicated childbirth and its transition to healthcare facilities with an almost routine use of induced contractions and the prevailing passivity, which is characterised also by the woman lying on the bed during labour.

Scientific findings, research results and consistent deliberations allow us to be very aware of how importantit is to consider the internal limits of medicine: carefully considered medical help, drugs and procedures during childbirth allow medical experts to maintain health and life, so we are thankful for the possibility of safe caesarean surgery and pain alleviation medicine. However, excessive use of interventions during childbirth, or their unfounded misuse, brings increased short- and long-term risks to the health and life of mother and child, regardless of whether we are speaking of excessive use ofdrugs for induction and augmentation or episiotomies.

This set of problems also includes the advertising of different kinds of analgesics as the final salvation ofbirthing women, with a view of labour pain as senselesssuffering. We urgently need to re-question the causes and purpose of labour pain and our further choices regarding this pain.

Fortunately, faith in technology over nature does not permeate society without exception. There are always women who experience and act differently.

What would a healthy woman spontaneously do if she was giving birth following her body's messages? She would find support in her loved one or be alone, somewhat away from her loved ones, but still within their reach, perhaps somewhere in a darkened shelter. She would connect with her baby and her body's feelings. She would close her eyes and move with the flow. If she was giving birth in nature, she would lean on a tree, hold on to a branch or crouch down in the warm sea. She would not fight the force and the strong feelings that are spreading her body as never before.

Would she lie down? Definitely not on her back. She would rest occasionally. She would probably take a few sips every now and then; perhaps rhythmically repeat a simple song, mantra or prayer. Just before giving birth, she would sit up, perhaps crouch, lean her head backwards and probably make deep guttural sounds. When the baby was born, she would slowly lift it in herarms and be amazed. In soft light, the baby would open its eyes and look at her, and at some point, they would start breastfeeding.

Would it hurt? Probably, but not unbearably. The pain would depend on the game played by the two main, and at the same time, antagonistic hormones – adrenaline related to fear and oxytocin, the hormone of opening andlove – and the connection between mother and child. Those who fear, have three main options: flee, fight, freeze. Each of these choices can be an excellent way out of a dangerous situation, as they increase chances of survival. However, none of these is sensible for giving birth to a newborn baby, who in order to be born needs a safe environment and the calm focus of his mother. When messages from the environment are felt as a warning about danger, the body needs to be ready for swift and effective movement: digestion slows down, muscle blood flow increases and attention is focused outwards. In such a case, childbirth will temporarily come to a standstill, as it would be senseless to bring the baby into danger. This is why fear is unwanted in childbirth. The chemical password for a good and safe childbirth is therefore: less adrenaline (as little as possible), more oxytocin (as much as possible) and related natural pain relievers that automatically occur in the mother's body during physiological birth.

The essence of birth activity lies in the cooperation between the child and its mother, whose spontaneous movements and changing of positions are a reaction to what her body is feeling, even to pain. Special types of pain during labour are a warning to the woman and those who support her that something might be happening which requires an intervention, procedure or medication. When the sense of pain is numbed, these messages are lost, which can result in late recognition of problems.

Everything that leads to lower fear and stress levels, that leads to relaxation, resignation, peace and trust, that reduces activities of the neocortex, such as thinking and speaking, alleviates labour pain. Movement, rocking, dancing, using water, mediation, visualisation, breathing techniques together with vocalisation

and signing, touching, from caresses to massage, are all nonpharmacological methods of pain relief.

We know that female primates do not give birth if they feel they are being watched. This applies to human mothers. In order to give birth, they require an environment that they perceive as safe and private, and where they feel good enough to close their eyes. In our culture, this privacy is related to the feeling of being home, and most intimately, in the privacy of one's bedroom or bathroom. Monitoring birth is too often tied to a controlling view, vaginal examinations that are sometimes performed inconsiderately and painfully and with the use of invasive technology.

Changing the fundamental understanding of the birthing process means allowing physiological processes to be fully operational. Attempts to turn the sterile white walls into a domestic environment by painting them in lively colours probably remain a superficial copy of homeliness. Visual messages are important, but they need to be intertwined by forming circumstances that allow the woman to connect through other senses, so the use of natural materials, such as soil, wood, stone and water in different shapes, contact with nature in its transformations of light, voices, living beings, the interaction of air and music can be crucial. The indirect environment, comfort, warmth and the possibility of dark, enables the connection between the internal and external and needs to be carefully and attentively designed and nurtured. Above all, an environment with human presence needs to be created. Those present in birth to ensure safety of the child and the mother must also respect space for privacy, which is individually and culturally changeable.

Bright illumination can be disturbing to both the birthing woman and the baby, who has spent months living in a world of blurred images and is looking into his mother's and father's eyes for the first time, and is starting to learn to watch and see the world and himself. One of the key tasks of midwifery care is to express tenderness in presence and touch.

I sing praise to love, which stays to the last, a tiniest bird singing a comforting song I will never forget it again.

Excellent midwives are filled with love for the wisdom of childbirth, they are at the intersection of nature and culture, of the best that culture can give and the good which is the natural abilities of women and babies and which enables childbirth. This wisdom requires modern birth assistants to recognise and consider it swiftly.

On the level of community, we are facing the challenge of how to unite the best in medicine and midwifery with cultural transformation. The time for strengthening endeavours to create different memories for the future of our daughters and granddaughters has matured. Let us think about the gift that our birth stories create and give today. Let us discover the knowledge about the wisdom of the female body in our biological and cultural past. Let us bear witness to the pain and joy of birth.

The child moves from limited space to the wideexpanse of external nature with its temporal and spatial infinities. This is a change that has no comparison. A spontaneous birth means travelling through pain into joy that is written on the faces of women, their children, fathers and all who are bathed in the oxytocin. In the fullness of the experience, they are tuned by the stunning meeting of all meetings, the

meeting with happiness. The mirror game of love can begin.

Zalka Drglin

Poetry taken from Edvard Kocbek's Mala hvalnica, Lesser Psalm, from the Velike pesmi cycle. Translated by Michael Biggins, www.thezaurus.com/?/literature/ kocbek_edvard_lesser_psalm/

Further reading

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Združenje Naravni za etki, Natural Beginnings Society, www.mamazofa.org.