AIMS For a better birth...

Listening to the pregnant body

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Editor's note: The theme of this issue of the AIMS journal explores what it is like to give birth in the UK when the person's family or ethnic culture of origin, and their first language, is very different from that encountered throughout their maternity care experience. In this article, Emily Carson introduces us to the idea that the body, knowing what it needs to feel safe, communicates this to us if we care to listen. Listening to the body is not the same as listening to the thoughts in our head; the body speaks a different language. It is an 'embodied' language and speaks to us through our feelings and senses. Emily refers to this as felt-sense communication. It is a language that has become a foreign one for many of us and one that, in our society, we are increasingly told not to trust. Emily explains why learning this language and learning to trust it is important and can be transformative. There are times in this article when you may need to stop and reflect, and occasional words that may be unfamiliar, but we feel pretty sure it will set your mind-body connection abuzz.

By Emily Carson

Our notion of health is shaped by the language we speak, the words we use to talk about the body, in addition to the cultural lenses through which we come to exist within our bodies. Language and culture greatly influence the way in which we experience menarche, the menstrual cycle, sensuality, sexuality, conception, pregnancy, birth, postpartum, and menopause. Culture affects whether these phases and experiences of life are pathologized, considered burdens or celebrated as expressive of our aliveness as rites of passage. The cultural stories passed on to us shape the way in which we inhabit our bodies and relate to pathogenic or salutogenic care.[1]

As pregnant human-animals we are biologically wired to incentivise safety and connection. At this biological level, we determine safety and orientate to connection through the mind-body language of somatics, by 'listening to the body'. This language is one that we all know and converse in, every moment of every day, and yet it is a language we aren't taught and that we don't overtly include in how we approach care for those in pregnancy, birth and postpartum.

Our experience of pregnancy, giving birth and emerging into the postpartum time is defined by the culture we grow up in, shaped by biological imperatives. This article will look at how difficult it has become to listen to the body within the culture of the medicalised model of care in pregnancy and birth, while affirming and expanding on the vital role of embodiment and the language of the mammalian body during these times.

The above considerations will be made with embodiment as a central theme. The definition of 'embodiment' that feels most aligned with how I understand it is about being in conscious relationship with our bodies, in whatever way is supportive and accessible for each individual.

I invite you to pause and take a moment for a short embodiment practice, focusing on how you feel as you read.

Take a moment to notice your body. Where is it? If you were to close your eyes (you can if you'd like to), how do you know it is there? How does it tell you? What sensory feedback lets you know? Take a few breaths to notice the body. What does it feel like, just at this moment?

When you are ready, let your eyes guide your gaze away from this page and, in their own time, look around the space that you are in.

Your eyes may move slowly or quickly, let them find their pace. Allow your head and neck to move with them to enable them to fully scan the space you are in. Let your eyes wander high and low, in front of you, behind you. Let them land on a few objects in the space and take in the texture, colour and shape of that object.

Notice what happens to your breath as you look around. Notice what happens in your body. Are there any changes?

As your eyes naturally come to rest, let your attention come back to the body and notice how it feels again. Does it feel the same or different?

This exercise is a simple practice of landing and locating[2] or orientating to the space that we currently exist in.

Why is this relevant? We are instinctive, primal beings who respond to and are impacted by our surroundings. Landing and locating ourselves is, very simply, a way in which we are able to track the potential for threat in our surroundings and thus assess and acknowledge safety.

This primal and instinctive assessment and acknowledgement of safety is a key aspect of supporting the physiology that enables an unimpeded birth process. When potential danger is detected, stress hormones increase and birth hormones decrease. This ensures that the baby is not born into a situation of danger. After birth, the body is also hormonally driven towards an increased cautiousness[3]

The practice of landing and locating helps us to be aware of what is outside of ourselves whilst bringing awareness to embodiment. When we do this, we take an opportunity to listen to our body and notice if it really does feel safe. In gently attending to embodied awareness, we begin to recognise what we need with specificity, what we move towards, what we move away from and what we orientate towards in order to feel good.

As we enter into motherhood, cultivating concurrent internal/external awareness supports us as we navigate the throes of providing a stable base as an attachment figure for our baby, and as we emerge differently in the context of existing relationships.

OUR SOCIAL NERVOUS SYSTEM

From the moment we are conceived, we exist in relation to the world and to others. We orientate to the world filtered through early primary attachments. We will therefore each have unique embodied experiences and a felt-sense understanding of intimacy, connection, isolation, loneliness, love, etc. Our experience of bonding is shaped not only biologically but also culturally.

Our social nervous system is shaped by our early relationships. This is where our orientation to and understanding of safety and danger begins. It isn't a conscious cognitive discernment, but an unconscious, somatically driven sense. This capacity for discernment is called neuroception[4]

The process of neuroception is involuntary, innate and automatic. We are all neurocepting as we move through the world and assess it, and as we make our assessment, the sympathetic and parasympathetic branches of the autonomic nervous system respond.

When our system experiences 'danger' (the reality of danger will vary greatly from human to human), our sympathetic nervous system responds by producing stress hormones like adrenaline that send us into "flight or fight" mode. When we are presented with a life-threatening experience, our systems can move

into a state of collapse or immobilisation, a freeze state. 'The more danger you're in, the more ancient your response.'[5] This means that the responses that arise in the face of grave danger arise within our reptilian brain (the primal part of our brain[6]).

In health, we can move from a safety response to a threat response and back to a safety response with ease. A healthy system can move between sympathetic and parasympathetic states.

The 'regulated' state, a state we are in when we feel safe, enables the parasympathetic nervous system to release beneficial hormones such as oxytocin and endorphins, which support all physiological processes like digestion, sleep and birth. The regulated state also fosters connection, supports learning, critical thinking and productivity, and helps life to be relaxing and enjoyable.[7]

When we are experiencing connection, tenderness or love (be it with another human or an animal), we are most likely feeling safe and are probably in a down-regulated, parasympathetic state: 'The Polyvagal Theory identifies co-regulation as a biological imperative: a need that must be met to sustain life. It is through reciprocal regulation of our autonomic states that we feel safe to move into connection and create trusting relationships'[8].

Just because safety and regulation hold many benefits, it does not mean that we should be avoiding "sympathetic nervous system activation". Our nervous system requires daily sympathetic activity to be healthy.

Often, we are told that feeling safe optimises and supports our birth experience. How we experience 'safety', however, is utterly dependent on how we orientate to relationships and to our surroundings (neuroception). It is also dependant on situation. Bringing a newborn into the world requires our animalistic instincts to be alert to threat because this leads us to seek out a birth environment that supports our system towards co-regulation, resonance and connection, one that is therefore safe for the baby.

Sometimes we can be driven to create a perception of safety by complying with caregivers and by going along with a procedure or intervention because we don't want to 'cause a fuss' or create dissonance. Whilst the nervous system isn't gendered, women on the whole tend towards fawning[9] and 'tend and befriend'[10]

(sometimes known as 'freeze and appease') responses, which can lead us towards 'making things ok' when we actually don't feel ok in our body.

It is important to acknowledge here that there can be a clash between the safe prenatal and birth environments advocated to us by culture and society and the safety that our bodies are actually calling for.

THE LANGUAGE AND CULTURE OF THE MEDICAL MODEL OF BIRTH

Activist and author Rachel Cargle notes that the nature of a society's gynaecological, pre and postpartum care 'reflects and reinforces the beliefs, values and power dynamics of the society at large' (2020).

The medicalised system of care for people in pregnancy, birth and postpartum focuses heavily on care that helps professionals rule out a medical problem or red flags (signs or symptoms that indicate the presence of serious pathology).

Whilst the medicalised model of obstetric care acknowledges 'shared decision-making' and 'informed decision-making', there is little offered to women and birthing people in the way of identifying and honouring their instinctive felt-sense experience. The medical culture surrounding birth carries out care steeped in litigious concern. When the cultural perception of safe birth is centred in medicalisation, we dissociate ourselves from the innate biological requirements of the body in the unfolding of birth.

We have a system of care (for which I am deeply grateful) that makes medical practitioners available to us when we are sick, but on the whole does little or nothing to support a mother or birthing person's ability to centre themselves and to connect with their instinctive experience. When we consider a more health-centred care system, we would invite our care providers to hold the appropriate space for birth (both physically and philosophically) so that instinctive behaviours can surface and relationships of trust can be formed. As we explore this, it would be easy for us to enter into a narrative that polarises a pathogenic model of care and favours care that is driven by wellness. It would be easy for us to adopt the narrative that it is solely down to our maternity system to change, down to our obstetric healthcare practitioners to evolve and for the conventional care model to embrace a salutogenic emphasis in its care of the pregnant body. I do not deny that these are necessary aspects for the evolution of the current care model. However, in my view, requiring a system-focused change is overly simplistic.

In placing the responsibility on the care system alone to change, we are not realising our responsibility for moving towards a health-centred approach to maternity care, which is a collective embodied work that must also take into account how we 'inhabit the pregnant body'.

INHABITING THE PREGNANT BODY

'Inhabiting the pregnant body' is a term used to describe the individual bodily experience of being a pregnant woman/person. It recognises that the physical experience of living inside a pregnant body is very different for each person. This is because the way in which we have become acquainted with and come to understand pregnancy is through a vast array of cultural stories portrayed through the media, community, and loved ones.

Did we see our mothers or sisters suffer in pregnancy? If so, we hold this experience in our bodies even if we rationalise it with our minds. Do we have a sense that we cannot allow pregnancy to overshadow our identity as working women? Do we hold a subconscious disgust in response to the womanliness of pregnancy or the change in physicality? Do we equate pregnancy and motherhood with becoming less sensual or sexual? Do we see pregnant women and people as goddesses that should be cared for, or as

oversensitive and irritating? Our answers to these questions are shaped by the stories we have subconsciously archived on a cellular level about what it is to be pregnant, give birth and have a child. These intrinsic narratives strongly influence our orientation to care.

When someone enters into pregnancy, what is their role in their care? Whilst the maternity care system needs evolution, I also strongly hold that we need to change the way in which we exist with and within this system; to take onus for ensuring that care is tailored to our individual needs. When we are able to listen to our bodies and know what they need, then we can make decisions that support those needs and more confidently expect the system to treat us as agents of our own decision-making.

In pregnancy, birth and the postpartum time, it is not only right, but fundamental to the benefit of our body, mind, baby and bonding that we are treated in a way that not only supports but also encourages our innate instinct and autonomy. If in pregnancy we can move into and notice our embodied experience, we will be better able to advocate for this experience. From this place of self-understanding, we can discern which interactions are aligned with our needs and accept or decline accordingly.

Part of our collective pregnancy experience requires unlearning. Unlearning tendencies towards socially motivated compliance. Letting go of the familiar contours of our body and how it moves through the world and opening to an emergent physicality and somatic experience. How we nurture young women as they come into their bodies really matters because it has a direct influence over how they occupy their body in pregnancy.

In pregnancy, we are invited into wild and feral depths, where our soul, body, and psyche are expanding to encompass the ever-growing space within which another human is arriving. This unseen dance is where our system merges with the presence of new life. Where new life presses up against our vital humanness and beckons us into an intricate, messy, carnal, visceral, beautiful, relational dyad. We are driven and primed by socialization. If we have been primed to be socially compliant, we can end up as the saboteur or inhibitor of our inner needs and desires. Pregnancy is a time that invites us to listen to our inner cues. To explore embodiment in a way that supports us to connect to instinct, to advocate for ourselves with clarity about what feels right for our body, baby and bonding.

Mothers and birthing people are holding the health of our emergent generations, tending the soil from which they are being raised. Women who are living in congruence with their agency, in an embodied way, are a significant part of weaving the communities, societies and cultures that our interconnectedness and planet depends on.

When we refer back to our felt-sense experience and name it, we are giving our authentic experience the space to be identified; we are acknowledging the experience we are having on a tissue or feeling level and saying, ‘body, I hear you.’

As we allow ourselves to orientate to our body in the context of the space we are in and allow it to respond, we are loosening the ties of historical and cultural narrative, playing with breaking the bounds of story and existing with our truthful present moment experience.

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[1] The previous edition of the AIMS journal covers the topic of salutogenesis in more detail - www.aims.org.uk/journal/index/33/1.

[2] Koch, L (2019). *Stalking wild psoas*. Berkeley: North Atlantic Books.

[3] Walderhaug, E (2007). 'The effects of tryptophan depletion on impulsivity and mood in healthy men and women.' Unpublished PhD thesis, University of Oslo. www.researchgate.net/publication/265963427_The_effects_of_tryptophan_depletion_on_impulsivity_and_mood_in_healthy_men_and_women.

[4] Porges, S (2017). 'The Polyvagal Theory: The New Science of Safety and Trauma.' YouTube video. www.youtube.com/watch?v=br8-qebjIgs.

[5] Porges (2017).

[6] Our amygdala is also termed the 'lizard brain' – the part of the brain that evolved from when we were reptiles.

[7] Porges (2017).

[8] Dana, D (2018). *The polyvagal theory in therapy: Engaging the rhythm of regulation*. New York: W.W. Norton & Co.

[9] Verma, R et al. (2011). 'Gender differences in stress response: Role of developmental and biological determinants.' *Industrial Psychiatry Journal* 20,1:4–10. doi:10.4103/0972-6748.98407.

[10] Levy, K et al. (2019), 'An attachment theoretical perspective on tend-and-befriend stress reactions.' *Evolutionary Psychological Science* 5, 426–439. https://doi.org/10.1007/s40806-019-00197-x.