

The Alternative American Way of Birth: Natural Birth Movement Rejects the Technocratic Management of Childbirth

When I first read Robbie Davis-Floyd's article "Gender and Ritual: Giving Birth the American Way" I was surprised by the degrading experience that she describes in hospital births. Was she really saying that in hospital births women give up their power, or more often it is taken from them? I also wondered what made her classify this as the "American way of birth"? I am American and this was not at all similar to my birth experiences. She must be talking about a small sample of women, I thought. This cannot be how birth is for the majority of educated American women, especially women of my generation, women who are not shy to claim their power and assert their rights and exploit the bonds of sisterhood. This started me on a journey to discover just what it was that I had done differently in my births, and if in fact I was very different from a majority of my sister citizens of this great bold land. Suddenly, I was faced with the understanding that my choice to birth my three children in the safety and sanctity of my home was perhaps not "normal" as I had understood it to be (based on its naturalness), but in fact, in this culture, it has actually set me apart from most of the mothers in my generation. Here it was that I no longer felt connected to the divine mother and sisterhood for having shared this primal experience, but now I felt disconnected from my peers and altogether ashamed at how I had turned a blind eye for so long to the heartache that awaits them as they enter into their birthing space - the American hospital labor & delivery wing. To quote Davis-Floyd in this very article, "I realized that American society's deepest beliefs center on science, technology, patriarchy, and the institutions that control and disseminate them, and that there could be no better transmitter of these core values and beliefs than the hospital procedures so salient in American birth."

Ritual plays a key point in Davis-Floyd's argument. Many rituals used to move someone from one social state to another are called rites of passage. Many people will talk about the wise rights of passage in Native American or African tribal societies where the transition to adulthood in adolescence or preparation to become a husband, wife, or parent, among many other key turning points in life, are marked through a system of rituals that impart a sense of what is possible and what is expected on the person traveling the certain path. I have been saddened that our American society does not perform such structured rituals anymore, and often teenage boys and girls are left to figure it out on their own. I think we suffer for it, as seen by our insane teen violence and suicide rates, and the general apathetic attitude of today's young adults in this country. Of course, there are other, less conscious ways that we celebrate rites of passage today, and none of them are connected to the earth and her seasons like they used to be. However, they do encompass ritual and symbolism.

The symbolism that Davis-Floyd points out in her article about hospital births was very enlightening for me. At first I didn't see that these hospital "safety measures" (like wheelchair entry, fetal monitoring, and IV fluids) could really have such an intense impact on laboring women. However, the more I have read the more I see agreement from women who have been there, and those advocating for them, that hospital interventions are not only unnecessary but

damaging to mother and child, physically, emotionally, and psychically. Davis-Floyd contends that when a woman is seated in a wheelchair she is given the symbolic message that she cannot support herself in her process and that she must put her body in the hands of the hospital, who will direct her from here on out. Most often the woman will then be told to get into bed, a symbolic message that she is sick. The analogy I found most frightening was the one about the intravenous drip cord being like an umbilical cord between the mother and the hospital. This increases her feeling of dependence on the hospital for her life! Why did our society come to view birth as such a horrible situation that is either: dangerous, shameful, or unmanageable? What is the alternative to such psychologically damaging perceptions of the female form and function?

In *Husband Coached Childbirth*, Dr. Robert A. Bradley describes his experiences growing up on a farm seeing domesticated and undomesticated animals give birth. He describes their need for darkness and solitude, the way their uteruses would literally stall if they felt threatened, the visible picture of joy apparent in their eyes at the moment of birth, and, most interestingly, the overall absence of pain involved. More scientific studies in the 1970's and 1980's in the Netherlands by Cornelius Naaktgeboren revealed similar findings. Deer under threat during labor are able to stop their labor in order to escape to a secure and safe place, and then resume labor. Elephants form a protective ring around birthing mothers. He concluded that "disturbances of the maternal environment created by mere observers or helpers not only prolonged labor but resulted in a much higher death rate among newborns," [Arms, 1996].

The ease with which farm creatures gave birth sent Dr. Bradley on a long journey to discover how human women can do the same, birth naturally, with ease. He developed a system of birthing techniques that has helped many birthing women and their partners to be fully conscious and constructive in the births of their children. However, I have to say that in this he has still missed the mark. Giving husbands a prescription of how they should coach their wives seems still short of natural and instinctual, animal behavior, if you will. He says,

The purpose of this is to have a baby, not seek comfort. It is true that the most comfort comes from doing something right, but this is achieved through learning what is right from experienced teachers before labor ensues, not frantically experimenting by yourself in labor... In His [the "Creator's"] know-how; He gave people speech and the ability to learn what is right through prenatal education.

It sounds to me like Bradley is still trying to assert his power as the "expert" in this realm while devaluing human instinct. I would have to agree with Laura Kaplan Shanley, author of *Unassisted Childbirth* in her opinion that Western women have come to ignore or disbelieve their inner selves, and consequently turn themselves over to the medical profession. Unfortunately, this is a profession driven by egos, money, and doctor's schedules. These are all three things that have absolutely no relevance to the natural order of childbirth.

There are a few communities of people in America who have simply stopped looking to the medical professionals to manage their births. The Natural Childbirth Movement, the Alternative Birth Movement, and the Homebirth Movement are some of the catchphrases used. People from all sorts of backgrounds and religious beliefs are uniting under the banner that women bodies are capable of giving birth naturally and without medical interventions. The key to doing this is to become educated. As Bradley puts it, "natural childbirth training displaces ignorance, superstition, fear, anxiety, and the resultant bodily tensions that are such obstacles in labor." Women should, however, be selective in the kind of childbirth education they receive. I

was lucky enough to attend classes with a woman who gave little time to discussing the possible emergency situations that could occur at birth. She was aware that adding fear of complications to an American woman's already full palette of shame, guilt, and fear of pain is not wise. As has been seen with animals, fear causes the uterus to stop contracting in labor. A woman holding onto fear in childbirth will undoubtedly experience longer labor and more pain than one who sees birth as a natural process. In fact, Laura Kaplan Shanley and Laurie A. Morgan, among others, see that fear is the major reason that women experience pain in labor. In *The Power of Pleasurable Childbirth*, Morgan describes the vicious cycle of pain and fear that occurred at the birth of her child and occurs for so many women in labor. A woman fears the pain and it comes, causing more fear, which causes more pain, and so on. She and others contend that birth can be painless and wonderful. Can it be so? Can American women, who have been so steered in the technocratic model of birth in the last hundred years find the courage to say goodbye to fear in the hospital birthing rooms?

It is unlikely. Let us refer back to Davis-Floyd's layout of hospital interventions, many seemingly innocent, and the symbolic messages they imply. I agree with Suzanne Arms, as she states in her book *Immaculate Conception II: Myth, Magic & Birth*, that women are naturally vulnerable in birth, and that "this natural vulnerability to fear makes a birthing woman easy prey for anyone who, consciously or unconsciously, tries to control her through fear." Quite simply put, popular birth practices harm people. Morgan gives a very true analogy in her book. It may not be eloquent, but the truth it conveys is powerful.

The closest thing to childbirth that everyone can relate to is a bowel movement...Imagine how hard it would be to move your bowels with a team of nurses and a colorectal specialist standing by every time. (An audience that is entirely focused on the event having problems.) What if they insisted on monitoring your poop's progress as it came out? What if they stuck their hands in you every so often to see how far the poop had come and how much your anus had dilated? What if they threatened to cut the poop out of you if you couldn't push it out on their schedule?"

At first I thought this analogy was highly over exaggerated, but the more accounts of hospital births I read the more I saw that this is exactly what is going on in labor rooms all across America right now! She calls it "constipated labor"- this constant pressure to perform before a certain hour under the threat of being wheeled into surgery for an "emergency" cesarean section. Many women in labor can have on their infants. One need only look at a Physician's Desk Reference to see the side effects caused by Demerol, Stadol, or narcotics used in birth. Some of these are: reduction of heartbeat, drop in mother's blood pressure, reduced uterine efficiency, prolonged labor, rise in the risk of adult drug addiction for the babies, and in increase in teen suicide rate for the babies, among many others [Bradley, 1996]. Shanley brings to light a study conducted by Dr. Bertil Jacobson in Sweden, in which he concluded that human babies become imprinted at birth, and that obstetric drugs present in the babies' blood streams can have lasting, life-altering affects. He studied 412 suicide victims and drug addicts in Stockholm and concluded that

Suicide involving asphyxiation was associated with asphyxiation at birth, suicide by violent mechanical means was associated with mechanic birth trauma, and drug addiction was associated with opiate and /or barbituate administration to mothers during labor.

All these causes are results of overly technical hospital births. The asphyxiation is caused by women being encouraged to push or bear down before the baby or cervix is ready. This can cause the tightening of the umbilical cord, as well as undue pressure on the baby's head. Besides suicide, we can also see other lasting affects of birth trauma in children. Migraines can be

associated with remembering the pressure on the head in birth. Asthma can convey a desire for the child to return to the womb and its non-breathing state. In fact, some children have been shown to only experience asthma attacks when they are around their mothers. Obstetric drugs used at birth can translate into a greater chance of substance abuse as adults, and some children simply go through life feeling guilty for causing their mothers such grief in labor and childbirth, [Kaplan Shanley, 1994].

When looking for another model for childbirth, we may look to Korean women working in rice fields who stop to have their babies and then keep on working. Perhaps we look to the !Kung San village women or the Chukchee women of Siberia who simply go off in solitude at the moment of birth to have their children. The Guinea women of South America have been seen to walk to the side of the road while on a long caravan with their tribe, deliver their baby alone, and then pick up the child and run to catch up with the group [Kaplan Shanley, 1994]. Complications in pregnancy and childbirth are rare in tribal cultures, and most of the infant mortality rates we cite are caused by malnutrition that sets in well after the birth experience has ended.

Compare this to the United States, where cesarean rates are at an all time high, the number of babies born prematurely is up, birth weight is down, and the infant mortality rate here is higher than any other industrialized nation [Arms, 1996]. What do other women, particularly tribal women, have that American women do not? Kaplan Shanley would have us believe it all comes down to a less developed ego, and thus a wider universal consciousness. In other words, they harbor no fear, guilt, or shame about the acts of conception, the state of pregnancy, or the labor of childbirth. It is truly seen as natural and they know what to expect. Kaplan Shanley hopes that “someday, both women and men...will no longer listen to the voices of officialdom telling them that their lives are beyond their self-conscious control. They will listen instead to the inner authority saying, *your life is your own creation. Believe in yourself and you have nothing to fear.*”

One stark difference between these tribal women’s births and our American births is the setting. I fit into the category of only 1% of American women who decide to birth their children at home. For me it seemed the most natural and commonsense decision to make, involving security for me, safety and ease for my child, and comfort for my husband (who incidentally fainted in my arms on our **tour** of a hospital birthing ward when I was newly pregnant). I understood labor pain to be functional and physiological. I realized that only 10% of births actually require special caution, and of that small group, only 10% need more than just a little help [Arms, 1996]. I also learned that I would experience an altered state of concentration that would allow me to relax, raise my threshold for pain, give me extra endurance, fill me with a state of euphoria upon seeing my child (I exclaimed, “He’s beautiful!”), and provide a state of well-being and calm during breast-feeding. It was all true. Each of my three home births had its variations, but this altered state of consciousness remained true.

In addition to counting on this altered state of consciousness, there are additional natural tools that women have been using forever to enhance the birth experience. One such tool is aromatherapy, the use of scents to encourage emotional states and environmental change. Clary sage, for instance, has been known to bring on or strengthen contractions while reducing stress and tension. How perfect is that? Clary sage and lavender are a wonderful combination of oils to use in a labor massage. This is a tool women can even bring to the hospital with them, to be

rubbed onto their feet, shoulders, or hands while they are attached to the bed via fetal monitor or IV bag and pole. One hour after birth, a bath of lavender, neroli, jasmine absolute, and clary sage essential oils has been helpful for many home birthers or those bold enough to bring bath oils to the hospital [Dodt, 1997]. Herbals are another tool in the medicine bag of many in the natural birth movement. There are many herbs in our mountainous Four Corners region that can help induce contractions, like blue cohosh, pennyroyal, and inmortal. Mallow can be used to facilitate labor or as a wash for an infant's skin irritations. Spearmint can be helpful in easing postpartum contractions (too bad I didn't remember to use this one after my births-ouch!) There are also countless other herbs used to tone the uterus or stimulate menstruation, and wise women and men have known for centuries here which ones can be employed as abortives [Moore, 1979]. These are only two tools available to pregnant women in the large medicine bag of natural birth aids. In light of this, I am still looking at that 1% number of home birthers in the U.S. with disbelief.

How could so many women deny the benefits of birthing at home? It is merely fear. They have been taught to fear their bodies and put all their trust in their doctors. However, even Dr. Bradley can see the immense benefits to be had birthing at home. At one point in *Husband Coached Childbirth* he puts it like this, "One woman who had experienced [birth] both ways described it as the difference between being raped by a stranger and being loved by your husband." I have read and reread numerous accounts by women who describe their hospital births with a feeling of being raped. Passivity on the birthing woman's part is rewarded in today's hospitals, while in nature the opposite has always been the case - it's been a female's assertiveness and protective instinct that have been respected [Arms, 1996]. American women birthing in hospitals become swept up by the technocratic machine the moment they are wheeled to the birth ward. Regardless of the best laid-out birth plans and best-meaning attendants, their decisions about their bodies and their child no longer belong to them. There is a crucial need to feminize maternity care in the United States today. This means being a good listener, being receptive and nurturing, letting the birthing woman be in the lead while trusting her instincts, and sometimes helping her uncover these instincts, while above all, resisting the urge to control the process or the woman.

I propose that all women consider home birthing as their first option for childbirth. The number of midwives available to attend home births is steadily growing, but people like Kaplan Shanley and Morgan would say with absolute certainty that an educated woman with the willingness to face and let go of fear does not need an assistant. She can do it on her own, with her family for support. The births described by them and by Ina May Gaskin in *Spiritual Midwifery* are astoundingly beautiful, life-affirming, and powerful. In fact, any account of home birth is breathtaking in its completeness - the woman affirms her love for her partner while resting in her primal power to birth a child. It's awe-inspiring to me each time I read these accounts. Surely it would feel like the best way to experience birth for other women and their partners too, if they could let go of the fear bred into them and rewarded by today's technocratic model of hospital birth.

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