Birth *with* Confidence

Savvy choices for normal birth

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The birth you want: what motivates the willing woman?

What do I need to know about birth, Rhea? This is a question I've been asked and been answering for the past thirty-five years. My response has changed radically over that time.

I used to answer by talking about contractions, breathing, stages of labour … all that body stuff. These days, before I answer the question, I ask my own question—what type of birth are you hoping for? It's a given, of course, that every woman wants what we all want, a healthy mother and baby. What I'm asking is how do they want to go about that? Being clear about this at the outset is important because what a pregnant woman needs to know about birth is quite different depending on her answer to this question.

Do they want to be an active participant in the birth? Do they want their baby to be an active participant in its own birth? Or do they want their caregivers to be the active agents who take over the work of delivering the baby? Basically, do they want to put in, do they want

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to work with their bodies and babies—do they have any yearning for normal physiological birth?

What exactly do I mean by normal physiological birth? Let me explain. I am talking about a birth that is initiated by the hormonal interplay stimulated by the baby's readiness to be born and the mother's readiness to release her. This is a birth where the labour is driven by surging birth hormones, hormones that drive the intensifying contractions—longer, stronger, closer-together contractions that open your body. Hormones that stimulate 'bearing down' urges to bring your baby onto your perineum, setting off a further surge of hormones that peak with an 'oxytocin high' at the moments of birth—a multi-tasking 'love bombing' that awakens your bonding behaviours, attunes your senses towards your exquisite new baby, and stimulates breastfeeding. Hormones that, at the same time, initiate the passing of the placenta and the contracting of the uterus to mark the completion of the birth.

If a woman tells me she wants this kind of birth, she is what I call a 'willing woman': willing to engage with the birth process, willing to engage with her body, her feelings, her fears. Willing to engage with the challenge.

One of the most popular workshops I run is called Embracing the Intensity: transforming pain in labour. With a title like that I think it's safe to say I draw the 'willing' crowd.

In this workshop, I ask women, their partners and support people to reflect on why normal physiological birth is important to them. I ask them this because normal physiological birth is a hard gig that is no longer valued at a societal level. I know these women need to be very clear about their own reasons for having a go at it.

Here are some of the responses they give to this question:

> *Instead of lying down I want to use all the active birth positions. That makes sense to me and I know it will give the baby the best opportunity for a good birth*—Jane

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I want to optimise the health of my baby, to make use of my body's ability to birth my baby and have a speedier recovery after the birth—Kathy

I want my baby to be fully present and not 'drugged out' when he/she arrives and I want to feel my body working, feel the pain of birthing—Sandra

I want to stay in touch with what's going on. None of the pain-relief options seem to come without a price—nausea, loss of mobility, etc. I want to be able to do this myself and avoid the two caesareans my mother had—Tracy

I feel in my last two births the pain relief (gas, pethidine, epidural) didn't help; in fact it created other problems, especially the epidural, which, at least in part, resulted in me having a caesarean—Susie

We conceived this baby, now I want to work actively with my partner, working together to birth our baby, not have somebody else take it over—Patricia

Health and wellbeing

One of the most common motivations for a woman who wants to undertake normal physiological childbirth is her understanding of the benefits for her baby's wellbeing. She understands that, in the main, pregnancy, labour and birth are 'wellness' states, so she wants to optimise the normal physiological process.

During pregnancy she has probably attended to her health by focusing on her nutrition, her activity levels, her sleep and rest cycles, her relaxation and stress balance, and by changing behaviours that have not been compatible with her own or her baby's health and wellbeing. She has stopped doing this and eating that, she has taken all the best advice to maximise her baby's growth and development.

So she does not want to erode the results of all that diligence during the birth itself by being pumped with synthetic hormones,

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drugs or routine antibiotics that pass through to her baby as well as compromising her own health. Nor does she want her baby to be poked, prodded, scraped, jabbed, pulled, twisted, separated or taken away from her and isolated after the birth.

If she's done some research, she may have an understanding that in normal physiological birth she is going to maximise the possibility of the baby receiving protective bacteria from her as it passes through her vagina, consequently minimising the baby's vulnerability to asthma, allergies and infection. She is thinking of the benefits—for the baby's alertness and adjustment to life outside the womb—of a birth that means it is not 'zonked out' on drugs, or needing to clear synthetic hormones, drugs or 'just in case' antibiotics from its system. And she may also know about the figures that suggest babies born by elective caesarean are three times more likely to need neo-natal intensive care. She wants the baby to be able to use its instincts to assist the birth process and be primed for bonding and breastfeeding.

Some women are aware, too, of the connection between easier and earlier establishment of breastfeeding and normal physiological birth. This connection is due to the woman and baby being undisturbed in the critical period immediately after birth. Primed by their hormones during this crucial first hour, the mother's and baby's instincts for breastfeeding are activated and in sync. In contrast to the babies born through a normal physiological birth process—who are more likely to be immediately placed in their mother's arms—babies delivered by the use of forceps or vacuum extraction, or by caesarean, may be separated from the mother for various medical checks, which can mean a delay or disturbance in the early breastfeeding connection.

Some of those who attend my workshops are aware that they are more likely to have a speedier physical recovery from a birth that has not involved synthetic hormones and drugs of one type or another, which need to be cleared from their system; and has not included the use of forceps, vacuum extraction or episiotomy, which usually result in bruising, stitches and discomfort. Of course, they are also onto the fact

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that they will have a speedier recovery from a normal physiological birth than they will from the major abdominal surgery involved in a caesarean.

Finally, many of the women in my workshops and classes will be keen to have a go at normal physiological birth because they have an understanding of the hormones that are released through this process. These are hormones that not only drive the contractions, but also prime the mother and the baby for that 'love rush' at birth, and for the laying down of the earliest physiological foundations for a secure attachment that will support the baby's ongoing physical and emotional wellbeing.

They might also understand that normal physiological labour and birth, because of the need it creates for intense physical and emotional support, means they will be working closely with their partner and other support people, sweating and straining together, making eye contact and breathing together, massaging and bonding together. All of this means that everyone gets a dose of those love hormones and so are *all* primed for the love rush when the baby is born.

Now, I have been present at births where epidurals have become necessary and I have to say there is a difference in the 'welcoming' energy, 'the vibe' … call it what you will! This is so, even when the whole support team is working to keep a loving focus by consciously attuning to the mother and baby. It's the absence of all the natural oxytocin and endorphins swirling around—the joint just ain't jumping in the same way!

The willing women attending my classes have some understanding of the fact that, unless it's absolutely medically necessary, *nobody* should miss out on the hormonal multiplier effect that normal physiological birth offers and the 'love bombing' that results—especially not that new baby.

A path to transformation

Many women who come to my workshops also feel that undertaking the challenge of a normal physiological birth offers a capacity-building opportunity, an opportunity to develop their inner strength and boost their personal and inter-personal resource base.

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These women are viewing birth from what we might call a 'growth perspective' or 'capacity building' mindset. They might be placing birth in the context of challenging life experiences that demand, as birthing woman Jules said, 'all those resources of determination, of courage, of endurance'—all those character markers.

A 'growth mindset' provides motivation for engaging with painful challenging processes, whether they relate to extending physical skill and endurance, confronting fears, developing understanding, enhancing emotional intelligence, increasing resilience or spiritual growth.

A growth mindset—actively taking on experiences that expand our mental, emotional, physical or psychological comfort zones—is valued, espoused and glorified in many areas of life but not, it seems, in birthing. In fact, when it comes to birth, we'd have to say that instead a pitying, 'Oh, you poor thing', *diminishment* mindset seems to prevail. Willing women in my workshops aren't buying into this, they are keen to apply a growth mindset to their birth experience.

The desire of many women to experience normal physiological birth may be driven by factors they can't necessarily articulate, but which can perhaps be understood with the help of some psychological theories.

Women instinctively drawn to the idea of a normal physiological birth might come at it from an innate sense of valuing expansive and growth-filled ways of being in life—what the field of Positive Psychology[1] (which is concerned with our strengths, fulfilment and what makes life most worth living) would suggest is the pursuit of 'flourishing'[2] in life.

New mother Sue demonstrates this perspective when she describes her birth experience as 'something that's set me on an entirely new path. It's a birth for me as well because I've allowed those strengths to really flow through to other areas of my life, I've allowed myself to experience this in a way that I haven't let myself experience a lot of other life-affirming events. It's absolutely transformational'.

Coming under the umbrella of Positive Psychology, two other emerging psychological theories—'flow' and 'hope'—also provide support for the willing woman's desire for normal physiological birth.

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Normal physiological birth is a perfect vehicle for experiencing what's called a 'flow' state. Whether they call it that or not, people everywhere are hunting down flow experiences—in their creative expression, their study, productive work, hobbies, physical achievements, meditation, and relaxation … the list goes on.

Flow happens when experience seamlessly unfolds moment to moment and we enter a state of intense and focused concentration on the present moment. We lose self-consciousness, time passes faster than normal, and we gain an innate sense of how to respond to whatever comes next. Journalist Amanda Hooton referred to this in a recent article about Olympic athletes.[3] It's a 'mysterious mental blessing' she says.

Normal physiological birth has absolutely got flow covered. Undisturbed and well-supported willing birthing women who are guided by their hormonally triggered instincts and unafraid to work strongly with their bodies, enter a deep flow state. Research into flow confirms that when this state is achieved it is intrinsically rewarding, life affirming and growth filled—what a pay-off for the birthing mum and her baby!

'Hope theory' is based on understanding that much of human behaviour is goal-directed. These goals can be conscious or unconscious and can be either 'approach' or 'avoidance' goals. Whether we feel hopeful enough to take on approach goals (developmental, growth-filled, challenging, learning goals) or whether, instead, we put our available energy into avoidance goals (all manner of behaviours, diversions and procrastinations whose primary aim is to protect us from the distress of possible failure, rejection, judgement and shame), basically comes down to whether we have been supported enough in life to feel hopeful and capable. Or whether the lack of (or type of) support we have received in our life has led to repeated experiences of feeling hopeless and incapable.

There can be confusion though about what can be considered approach goals and avoidance goals when it comes to birthing. This is because, whatever a woman's personal life experiences are in relation to feelings of 'hopefulness' or 'hopelessness', contemporary birthing women

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in general are so bombarded with negative birth stories, they are bound to hold some feelings of hopelessness in regard to birthing.

So there is a complexity that can blur the motivations of the contemporary birthing woman. What will constitute an approach goal or an avoidance goal for an individual birthing woman? Is she motivated to 'approach' the experience of working with her body? Or is she motivated to 'approach' controlling and numbing her birthing body?

I'm assuming that a willing woman will, at least in theory, be motivated to approach working with her body, but the dominant cultural messages and biases about birth are also alive in her psyche and can erupt to undermine her conscious intentions—especially when the labour builds and the going gets tough.

Positive Psychology, and flow and hope theories haven't addressed birthing specifically, but we could imagine that if they did, they would suggest that birth experiences that offer women opportunities to build resilience—to have an increased sense of their personal resources and strengths following the birth experience—would be preferred as a foundation for mothering.

Related to these psychological understandings is the perspective of those willing women who choose to engage with birthing as a 'rite of passage'. Some women treat it as a test of courage, a pathway to strengthen their inner resources for mothering. They take it on as a modern-day heroine's journey—a quest to overcome obstacles and confront themselves.

Says Nancy:

> I've got an interest in knowing myself better, deeper—and I knew that birthing had the potential of giving that to me. It was an opportunity I didn't want to pass up. I wanted the best opportunity possible. It's a rite of passage. I was going to get a real insight into myself, which is something I wanted.

Some, like Jules, feel the benefits of this rite of passage will also be conferred to her baby:

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> I felt, in terms of the baby, I actually wanted her to be born into all those resources of determination, of courage, of endurance and all those resources you need to have in order to give birth naturally. She was exposed to them in her birth. I wanted those qualities to be present for her when she arrived.

Some women frame the birth experience as 'soul work'. They understand that pain, in all its guises, is an experience of the human condition and offers opportunities that either support soul development or compound loss of soul. New mother Kylie says:

> There are always consequences to our choices and actions, the cost is always paid in the kind of person we become. I wanted to transcend some old habits of my personality and develop my inner core, my soul. Because, by my choices during the birth, I was shaping myself as a mother.

So for willing women, a physical, psychological, 'spiritual growth' or capacity-building mindset offers them—even in the painful storms of labour—the motivation to *embrace* the experience rather than simply endure it.

Some women are taking normal physiological birth on as a healing journey after coming from previous birth experiences that have left them feeling wounded and traumatised.

For these women a normal physiological birth is not only about physical recovery, but also about their emotional wellbeing. Many women, like Thaïs, are left with 'a deep yearning and question in my soul and body' after the birth of a previous child. They may have felt disenfranchised in their previous birth and now, in this subsequent birth, they want to be advised of options, not dictated to; they want to be treated with respect as autonomous women. They want to stay connected, rather than being separated from their babies. They want to claim their own power for birthing and mothering.

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Social awareness

Other motivations for having a go at normal physiological birth that are starting to come through from those who attend my workshops, have to do with women's values relating to social awareness. Perhaps the bike-riding, ecologically minded willing woman is going for a low-tech normal physiological birth because of the heavy ecological footprint[4] of socially 'normal' birthing. This includes the high energy use needed for technological birth, the high levels of synthetic hormones flushed into our water systems, the increased use of 'just-in-case' antibiotics, the estimated 30% of the health dollar spent on 'waste' and 'over-treatment' in health care.

Or maybe her social awareness as a global citizen may cause the willing woman to ponder the discrepancy between the average health dollar cost of her high-tech, intervention-stacked, socially normal, 'convenient and comfortable' birth experience, as compared to the experiences of her birthing sisters across the developing world.

The World Health Organization is certainly onto this issue of global health care inequity. In a 2010 study to assess the discrepancy between countries assessed as being disadvantaged by a lack of needed caesareans in comparison to countries assessed as conducting unnecessary caesareans they concluded that 'worldwide, caesarean sections that are possibly medically unnecessary appear to command a disproportionate share of global economic resources'[5], with an assessment that Australia is spending $US 37,990,115 on medically unnecessary caesareans.

Baby calling the shots

Finally, many women wishing to undertake normal physiological birth are guided by a sense of wanting to gain for herself and her baby the benefits of the human mammalian heritage of labour, birth and breastfeeding hormones.

She wants to honour her baby's birth rite—the baby's role in 'calling the shots' in its own birth. She knows that, if left to follow its own

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timing, the baby in utero will trigger the birth process. So the willing woman wants a normal physiological birth to allow her baby to initiate this process and to allow it to be alert and able to use its own instincts to join with her in their birth dance.

Isn't it strange that women who want all this for their baby are often accused of being selfish for wanting the 'experience' of normal physiological birth?

The right kind of motivation?

So, these are some of the motivations that women might be acting on—either consciously or unconsciously—in wishing to have a go at normal physiological labour and birth. Perhaps you recognise some of these in yourself.

They're great, but unfortunately, for many reasons, simply *wanting* a normal birth isn't enough. The most obvious reason it's not enough, of course, is that a normal physiological birth, especially with a first baby, is bloody hard work—it's not called labour for nothing!

So, in my workshops, I also ask women to try to tease out a little more about their motivations.

Given what women who want a normal physiological birth are up against in terms of the challenge of birth itself, one of the first general points I make on this issue of 'motivation' in my workshop is that a willing woman's values need to arise from within herself. She needs to be *internally* motivated.

If, instead, she's taking on a normal physiological birth because she wants to please, follow or impress someone else, or because she's still stuck in her teenage rebellion phase and wants to defy her parents or other authority figures … well, leaving aside whether these ways of being still serve her in other parts of her life, I can pretty well guarantee that this kind of motivation won't be enough to get a birthing woman through the tough gig of birthing.

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During my workshops I also highlight that in many cases the motivations women give for wanting to 'have a go' at normal physiological birth are related to positive benefits expected *after* the birth.

Women talk about better bonding with their babies, about their babies not being 'drugged out', about recovering from birth more quickly. These are all good reasons, but the willing woman needs to keep in mind that, on their own, these motivations are unlikely to be enough. She's going to need some other kind of motivation to sustain her in the challenging present moments of the labour itself: in the reality of the birth experience, all those motivations to do with the future may start to feel a lot less important!

In labour, the willing woman needs to value, in some way, the physical experience of the birth process itself. She will need to find a way of engaging with that experience—perhaps by tuning into the pressure and shift in sensations that signal the movement of her baby through her body, or by noting the 'feel' quality of her body working: the stretching, opening, pushing sensations, the rhythm of her breath or instinctive rocking and spiralling movements.

It's essential she finds something she can engage with moment by moment during the tough contractions. This was certainly not a problem for Michele B, who writes:

> I want to yell and sweat. I want to feel my body heave with the power of the ages. I want to feel that almighty *fullness* again, when, in amongst the profoundly physical, I was amazed to feel the touch of divinity. And I want to experience the sweet relief of the release and the wondrous beholding of the glistening newborn that I know to be my child.

It is this ability to engage with the physical experience that will help the willing woman to stay in touch with those beliefs and values connected to future benefits—the love-bomb bonding at the birth, the health and vitality of her baby born without the compromise of a drugged-up system, the benefits of a speedier recovery (offering a better start for

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breastfeeding), and the strengthening of her sense of self, which will sustain her through the tough times that are bound to come over the years of parenting.

Another point I regularly emphasise is that couples need to be aware that, because normal physiological birthing is a hard gig, the values and desires that underpin a woman's decision to have a go at it need to be *lived* values. That is, they need to be values that the woman is already putting into action or that she intends to practise putting into action during pregnancy. Being inspired by some aspirational values is necessary, but basing your desire for normal physiological birth entirely on aspirational values, without any foundation in solid lived actions is … well, bound to end in tears.

If you aspire to work with functional pain in labour but never push your physical comfort zone … well? If you aspire to access your birthing instincts but wouldn't know an instinct if you fell over one … well? If you want to question your caregiver's agenda but rarely take personal responsibility for your health and wellbeing … well?

Labour-bypass era

Another reason that simply *wanting* a normal physiological birth is not enough to ensure you'll have one, is that—to my great sadness and anger—our present birth system is not set up to support normal physiological birth. More than that, it is well and truly stacked *against* this kind of birth.

In my classes, I explain to women and their partners that they are birthing in what I call the 'labour-bypass era'.

In the next chapter you'll get a better sense of what I mean by this when I take you through some of the statistics for birth in Australia. But you may already have an idea of what I'm talking about.

If you are interested in having a go at normal physiological birth—if you are a willing woman—you're probably already aware that you are out of step with the social norm when it comes to your thinking about birth. If

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you've voiced anything about your yearning for normal physiological birth, you've no doubt been greeted by the usual responses: 'Don't be stupid', 'You don't have to be a martyr', 'Epidurals are the way to go', 'Just you wait!'

As these reactions indicate, we are living in an era where attempting normal physiological birth is not expected, not usual, not valued, or even necessary anymore.

In this labour-bypass era birthing women no longer need to engage with their straining, striving, labouring, birthing bodies. You can have your baby without actually having to labour and birth at all, if you don't want to. Or, if you do labour, you don't have to feel it. Babies can be delivered by caesarean and bypass labour entirely, or, because of the epidural option, women can labour but bypass feeling it—you can read the Sunday paper, update your Facebook status or sleep through it.

The messages reaching women from this labour-bypass birthing culture are: healthy mother and healthy baby are all that matter, and efficient, cut and dried, convenient birthing is possible and it's your right. In fact, you definitely *should* be comfortable and pain-free.

Basically, the message is that the effort of labouring, the experience of labour and birth, has no purpose or intrinsic value.

In this labour-bypass era, the default birth is certainly not a normal physiological one, unfolding through the hormonal surges, with the birthing woman engaging with her body and her baby, supported into the work of it and reaping the hormonal rewards of the 'birth high' that bonds her to her baby.

At a time when our lifestyle aspirations encourage many of us to take advantage of more and better labour- and time-saving devices, we have now come to a place where, in ever-increasing numbers, women are being convinced they need to be saved from this kind of birth. Saved from their 'labours'.

Welcome to the labour-bypass era!

This is confronting stuff, I know, but when you look at the statistics in chapter 2 you'll see that the numbers tell the story. Fewer and fewer women are having their babies through a normal physiological birth process, and very few receive the kind of support they need to do so.

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So, for now, trust me when I say that the woman who wants to undertake normal birth in Australia today needs to understand what she's up against and be prepared. She needs to understand that—whatever her motivations—platitudes about wanting a natural birth will not be nearly enough to achieve one.

When I talk to women in my workshops about the idea of a 'willing woman', I therefore differentiate between *two types* of 'willing' woman.

Firstly, there's what I call the 'naïve willing woman'. In contrast, there's what I call the 'savvy willing woman'.

I am making the assumption that in reading this book you identify yourself as a willing woman—or at the very least that you are curious about, and have some kind of yearning for, a normal physiological birth. If you do have intentions towards a normal physiological birth in this labour-bypass era, you will need to become a *savvy* willing woman.

Helping you in this transformation is the purpose of this book. The issues and choices that I will be addressing here may be of interest to any birthing woman; but they are *crucial* to those who want to have a go at normal physiological birth.

Savvy choices

One of the key differences between a naïve willing woman and a savvy one is in the nature of her choices about her birth. The choices she makes will be in response to just how much she understands about the birth process, her own attitudes, the attitudes of those around her and the birth culture of her society.

In the coming chapters I will be going into greater detail about all these influences and what they mean for your birth. For now, I am going to provide a brief overview of some important choices and ask that you begin to consider your own thoughts and feelings about these important issues. Ask yourself, how will your choices in these areas support your quest for normal physiological birth?

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Place of birth

Where are you planning to have your baby—a labour ward in a large or small hospital? A city or regional hospital? A public or private hospital? A birth centre attached to a hospital? A free-standing birth centre? Or a homebirth in a mud-brick home, a triple-fronted suburban dream or an inner-city apartment? Wherever it is, what has the place of birth you are choosing got to offer you in your quest for normal physiological birth?

Does it offer proactive support for the work of labour, while also providing the appropriate level of medical attention required for the wellbeing of you and your baby? Does it offer space for movement and active birthing? Does it offer access to the natural environment? Does it offer access to a birth tub for water immersion? Does it offer warmth and privacy? In other words, does it offer the necessary elements for working with normal physiological birth?

Caregivers

Who will be the caregivers at your birth? Do they understand how to help you with the demands of normal physiological birth?

Research around the world and reported in the Cochrane database[6], suggests that women are best supported for normal physiological birth by known, experienced caregivers who are with them one on one continuously throughout labour.[7]

Ensuring you receive this kind of care is easier said than done.

In the description above, 'known' refers to having established a connection with your caregivers: having developed a trusting relationship based on a shared philosophy and vision for the birth. 'Experienced' refers to 'experience' in facilitating normal physiological birth (not just experience of birth in general). And the 'one on one continuously throughout labour' part means a caregiver continuously with you, not in and out dealing with two or three birthing women at the same time.

So the usual situation, in which hospital caregivers change shifts, strangers come in and out, a mix of rostered midwives and professionals work within hierarchical rather than collaborative structures, and where

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'being with you one on one continuously in labour' is often left to the electronic fetal monitor, just doesn't cut it.

And for those who think that 'caregiver' in this latest research referred to in the Cochrane database could relate to your partner—who is known to you and shares your vision for the birth and presumably will be staying with you one on one rather than popping up and down the corridor helping other labouring women—wrong! Remember that they are not *experienced* and so don't fulfil the role recommended by this research.

The necessary combination for supporting normal physiological birth is not offered across the board in all care settings. This means willing women need to be savvy enough to hunt it down, or to design their own team by employing independent practitioners.

Because of encouragement to use private health care, over 30% of births in Australia take place in the private sector, which means many pregnant women take a path that leads them to make their primary 'known' relationship with a private obstetrician.

Being an expert in 'complex birth' doesn't mean that obstetricians are experienced in how to help you achieve an undisturbed normal physiological birth, however. In fact, the reality is very often far from it. Unfortunately, contemporary obstetric practice, through the use of techno-medical surveillance, tight timing protocols and interventions that restrict the mother, tend to disturb the physiological process. Added to that, we can see that the 'one-on-one continuously throughout labour' aspect of our ideal support is also not fulfilled by the obstetrician's role; they are not sitting with you, breathing with you, encouraging you through your contractions. This is a midwife's role.

For the willing woman to best ensure normal physiological birthing, research would strongly suggest that she make her primary connection with a midwife. In particular a 'named' midwife working with you one on one, forming a relationship with you over the pregnancy, the birth and into the early weeks of bonding and mothering—described by Professor Lesley Page, President of the Royal College of Midwives (UK) as 'a skilled companion' who accompanies you through your journey to motherhood.[8]

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Very recent research from Australia (Melbourne 2012)[9] confirms the benefits of what Professor Page calls 'the development of a continuous and trusting relationship' between the mother and midwife. The research shows that pregnant women cared for in one on one caseload models (where midwives have a personal caseload of women who they make a relationship with during pregnancy, attend during birth and follow-up with post-natally), 'were more likely to avoid medical interventions during labour including caesarean sections'. This kind of care was also better for babies, reducing the need for special care after birth.[10]

Willing women need to seek out the birth situations that offer midwives as primary caregivers in caseload 'known' or 'named midwife' schemes—midwives who can make a relationship with you through your pregnancy and stay with you through the building intensity of the birth, guiding and supporting you contraction by contraction across your labour.

This is the age-old role of a midwife, which is being reclaimed by contemporary midwifery. It is described in recent midwifery theories, including 'midwifery partnership'[11], 'midwifery guardianship'[12] and 'new midwifery' models, and is framed within ideas of 'keeping birth normal'.

The 'new midwife' is skilled in knowing how to maximise your instinctive hormonal capacity; in supporting you to work with pain; in respecting your autonomy and communicating accordingly, while skilfully watching over the safety of the birthing process without disturbing it, and knowing when to access obstetric care if the birth deviates from normal parameters. This kind of care will minimise any unnecessary interventions and increase the likelihood that interventions will only be suggested for 'true medical need'.

Patient autonomy and health literacy

Understanding the range of choices is one thing, negotiating them is another. So the issue of patient autonomy and health literacy is something else that the willing woman needs to be across.

Now this is a pretty big concept, and for many of us it may be an entirely new one. What I'm talking about here is the concept of a

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birthing woman having the right to be informed about and say 'yes' or 'no' to medical procedures and interventions suggested to her.

It sounds fairly straightforward, right? Unfortunately though, as Associate Professor of Midwifery at University of Western Sydney Hannah Dahlen, says, '[W]omen's right to control what happens to their bodies during pregnancy and birth may be enshrined in law but this right is frequently violated in practice.'[13]

What health literacy and medical decision making *should* look like in practice is 'patient autonomy'[14] on the part of the patient—in our case the birthing woman—who will make her choices in light of the evidence provided and based on her values and research, her baby's and her own health, her sense of responsibility and her capacity.

Now her choice might either be giving 'informed consent'—that is, saying 'yes' to what's suggested; or it may be 'informed refusal'—saying 'no' to what's suggested. In either case there will be an expectation that her *autonomous choice* will be accepted without coercion or refusal of support and goodwill.

On the part of the medical caregiver, in theory they should practise in a way that honours patient autonomy and, in our case, provides the birthing woman with 'women-centred care' by sharing evidence-based information. They will quantify risk, specific to the particular woman and her baby, and practise within the code of ethics of their profession.

That is what it *should* look like. But what it more often looks like in practice is a passive patient being *informed* of what is happening. Or, in many cases, not even being informed. In fact, in order to be presented with the reason for a particular procedure or intervention the birthing woman herself may need to *ask* for this information.

The dynamic at play in these situations is what can be described as the 'trance of acquiescence'. In medical settings many of us have low levels of health literacy and may not realise that we have choice. We seem to automatically give up our autonomy and slip into this 'trance', accepting whatever is offered without discernment about whether we want it, whether we need it, or what agendas might be behind whatever

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is being suggested. This passive trance of acquiescence is actually the psychological equivalent of a fear-based 'freeze' state.

Because of this, interactions between medical caregivers and their patients are often transacted within this dynamic—a compliant trance of acquiescence on the part of the fearful patient, and, of course, a corresponding '*assumption* of acquiescence' on the part of the medical caregivers.

In most birthing situations this is what passes as 'informed consent'. 'The woman herself may not realise that consenting to acceptance is a choice, rather than inevitable,' explains Emeritus Professor of Midwifery at the University of Edinburgh Rosemary Mander.[15]

Added to this 'trance' and 'assumed acquiescence' dynamic, many of us are 'conflict avoidant'. We want to keep a 'good vibe' over and above speaking up for our needs in a tricky situation. Also, a tendency towards conflict avoidance is heightened in the birthing woman who is flooded with oxytocin—the loving, 'tend and befriend' hormone. She just wants to be sweet to everybody. So in the face of any tough negotiations about procedures and interventions she is more likely to fold if the environment gets tricky.

In our risk-averse, litigation-fearful birth culture, procedures and interventions useful for high-risk women and babies have increasingly become standardised as routine care for *all* mothers and babies. Willing women need to be awakened from this acculturated 'trance of acquiescence' and get savvy about the practices and procedures they will routinely be offered, in order to give 'informed consent' or—and given that these routines are designed for the worst-case scenario, more likely—to use 'informed refusal' to protect themselves from any unwanted procedures and interventions.

So, getting back to your choices, the willing woman needs not only to be aware of informed choice and consent, she also needs to be aware of her right to 'informed refusal'.

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Philosophical match

These issues of patient autonomy and appropriate care bring us to the importance of ensuring you find a carer who is a good 'philosophical match' with you.

Certainly the willing woman wants to claim her autonomy and will ideally find a match with caregivers who are woman-centred in their practice. Woman-centred practitioners also want to work with women who are fully aware of the personal responsibility required of them when giving informed consent and informed refusal. This compatibility in terms of understanding patient autonomy would contribute to a philosophical match.

You can see that it would become problematic if a willing woman, aware of her need and right to exercise patient autonomy, is attended by a caregiver who is assuming acquiescence on her part. A power play generally gets going that does nothing for the birth.

Birth attendant Jess describes this situation:

> The next vaginal examination was upon us before we knew it. Karen was having very intense contractions on the bathroom floor and would not agree to move to the bed for the examination. The registrar was insisting that the vaginal examination took place on the bed.

Just as problematic would be the scenario of a woman caught up in the trance of acquiescence who wants to be told what to do, but is attended by a caregiver looking for her to take responsibility and make her own choices based on the evidence. At the very least, dissatisfaction abounds, but more problematic is a situation where these mismatches compromise safety and best-practice care.

At the core of all birth philosophies is the health and wellbeing of mothers and babies. However, as you are hopefully beginning to see by now, the emphasis on how to achieve this can vary greatly. The differences in approaches to birth stem from two very different views of birth. One view is characterised as having a general trust in birth

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and therefore wanting to support the physiological process. The other is characterised as distrusting birth and therefore controlling it using techno-medical processes.

As a willing woman, if you don't know whether you have a philosophical match with your (usually stranger) caregivers then you are likely to be on guard, defensive and second-guessing all the time about what the agendas are for suggesting particular procedures. You might wonder, 'Is it because there is really something wrong with me or my baby? Or is it because of some protocol required by the institution? Or is it about something else?'

Without a philosophical match, the whole scene can deteriorate into a 'this versus that' standoff, which is not great for anyone—least of all the baby. So much is dependent on ensuring that you have a philosophical match with your caregivers. This is where that 'known' caregiver bit comes in—trust comes out of an established relationship and a shared philosophy.

Conclusion

Any aspiration for normal physiological birth of course first requires that you be willing to give normal birth a go. To do this, you need to be clear about your reasons for wanting this kind of birth. Are you internally motivated or trying to impress someone else? Will any of your motivations help you through the hard physical work of labour itself, or are they all about what happens *after* the birth?

A woman's individual situation, strengths and vulnerabilities will help to determine the pathway of her birth experience. But she will also be affected by the cultural attitudes and messages—the zeitgeist—which influences behaviours and birth choices, as well as the philosophies, pressures, routines, practices and 'nudges' that hold sway in the maternity system.

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Therefore, as well as being simply 'willing', the willing woman also needs to be particularly savvy because, as the next chapter will show, the Australian birthing culture is well and truly stacked against her.

In regards to the social norms of birthing, the willing woman is in the wrong place at the wrong time. So, willing woman, if you have never thought of yourself as a radical woman before, you are now.

Personal reflection

- Are you a willing woman?
- What are your motivations for working towards a normal physiological birth?
- What are the lived values that underpin your motivation?
- What aspirational values offer inspiration for normal physiological birth?
- Does the place of birth you are choosing have a culture of supporting normal birth?
- What do their statistics on inductions, caesareans, epidurals and other interventions tell you about the birth culture?
- Does the place of birth you are choosing provide access to midwifery-led care, caseload midwifery, know-your-midwife schemes or other midwifery initiatives to maximise possibilities for keeping birth normal?
- What is your level of health literacy?
- What is your capacity for negotiating 'informed consent' or 'informed refusal' decisions?
- Do you have a philosophical match with your caregivers?

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