

Physiological Birth

- How do mammals labour and birth?
- How do humans in tribal cultures that have not been influenced by the modern world labour and birth?
- How have humans birthed in the hundreds of thousands of years of history that we've been on the planet?

Isn't it interesting that we don't really know much about this basic information?

Why is it whenever someone unexpectedly gives birth and can't make it to the hospital for some reason, it's always a news story about how some random person happened to be there to help catch the baby?

What if no one was there? Wouldn't the woman be able to catch her own baby herself? She does have hands. Her brain is still functioning.

What if you were in, say, a snowstorm, or flood, or whatever, and you went into labour, and no one could come to help you... what would you do?

Why is it other mammals just know how to give birth?

Aren't humans mammals too?

The medicalization of the field of birth has occurred in the last 100 to 150 years. It is extremely helpful to have access to modern medical procedures and technologies that can assist at complicated births today. There definitely is a need for them. But what is the actual percentage of births that need medical assistance? What is the percentage of births that develop complications **because** of medical interventions, which then need further medical interventions to resolve?

In the field of biology, there has been extensive research into the normal, healthy functions of the human body. It's called **Physiology**. The field of medicine is based on dealing with the abnormal, and detrimental dysfunction of the human body. This is called **Pathology**.

Strangely, there is paltry research into the normal, undisturbed occurrence of physiological birth. The medicalization of birth has focused on the pathology that could possibly arise in birth. This is rightly so. We **do** want medical staff who are trained and skilled in dealing with the pathology that can occur in birth. It is strange, however, that that knowledge is not grounded in the knowledge of the physiology of undisturbed birth. I suspect that is due to the history of the management of birth.

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The History of Birth

For thousands of years, women mostly gave birth in their homes, on their own or with the women around them. There may have been some women who became more experienced in helping at birth, and they passed on their knowledge to apprentices who would learn from them experientially. Most cultures have a tradition of lay midwives. In Europe, up until the 1900's, there were a lot of midwives. The upper class people started asking doctors to attend births, especially towards the end of the 1800's.

Towards the end of the 19th century, due to the industrial revolution, cities in Europe became very populated, and hospitals became prevalent. Before the 1900's births all took place at home. Hospitals became common in the US, and in the 1920's, births in hospital were promoted.

Most doctors at that time were men. There was a distrust towards the midwives who had a history of practising for hundreds of years. There was very little transfer of knowledge from the field of midwifery to the field of medicine because the doctors believed that the midwives were uneducated and backward.

The 1920's was the time of the suffragette movement, where feminists were rallying for the right to vote. There was also a discussion on the right to have medical pain relief in labour. At that time, medical pain relief involved either ether or chloroform. Both of those caused the patient to be unconscious. As you can imagine, it's not possible to push a baby out if you're unconscious.

There was also another type of pain management developed called Twilight Sleep, which included morphine and scopolamine. This was popularized in the 1930's amongst the upper class women, and was used in the US all the way up until the 1960's and 70's. It lasted longer than ether or chloroform, but also left the mom unconscious. Lower class women were mostly left to labour on their own in crowded hospitals.

So, as you can imagine, a whole host of birth procedures had to be developed to essentially extract the baby out of the unconscious mother - episiotomies, forceps, stirrups, suctioning and reviving the baby (who would also have been unconscious due to the drugs in the mother's system).

Even worse than this was the transmission of infection. Bacteria was just discovered at the end of the 1800's, but doctors did not all get into the habit of washing their hands. In fact, doctors who advocated for hand washing were ridiculed. When births happened at home, the midwife or physician would usually just attend one birth before going home. In the hospitals, physicians would attend several women in labour, treat other sick patients, or even perform autopsies, all without washing their hands. This led to so many women getting infections and dying. It was called childbed fever. Thousands of women were dying in childbirth or shortly after.

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"She died in childbirth" became a common catchphrase, which filled people with a dreaded fear of birth. Instead of saying, specifically, that the women died of bacterial infection caused by the doctors passing bacteria from one patient to the next, they just made a general statement saying, they died of childbirth. Childbirth became a completely dangerous, scary thing. Naturally, that caused more women to go to the hospital to birth, even though it was ironically the hospital that was causing their deaths.

Eventually handwashing became the norm, and infections were reduced. The Twilight Sleep era went out of style, and better, safer medical procedures were developed. Epidurals were invented, cesareans are safer than ever before, and most harmful medical practices in birth are no longer used. It is far more balanced now in hospitals than in decades earlier, and women who want to have a natural birth in hospitals can have one. However, it is still not a complete story.

This brings me back to my first point, which is, the medicalization of birth, has not developed out of a **grounded understanding of physiological birth**. Doctors and nurses in maternity care are trained to deal with emergencies. If you had a high risk birth, you would want to have the medical team that was extremely skilled at managing high risk situations. What's the problem with that?

Well, medicine, as a whole, is grounded on the knowledge of the healthy, normal functioning human body. But maternity care is not grounded in the knowledge of how labour and birth actually happens in an environment undisturbed by the medical establishment. It is bizarre that birth, being a normal, healthy, everyday function of the normal, healthy human body, is managed in a location set aside for illness, injury, disease, and pathology. For hundreds of thousands of years, since the dawn of homo sapien on the planet, humans have been birthing in their familiar environment, just like all other mammals on the planet. That is how birth happens physiologically. Leaving one's familiar environment and going to a foreign environment is not physiological.

Here's a shocking fact: Most doctors and nurses have never, ever witnessed a home birth. Why is that important? When women birth at home, they usually feel comfortable enough following their natural instincts, as long as there is no one, or no fear, disturbing their innate instinctual process. Going to a foreign environment makes it nearly impossible to completely follow their innate instincts. If doctors and nurses have never experienced completely physiological, undisturbed births, how are they supposed to know how birth happens without interventions?

Moreover, maternity care was developed out of the obstetrical history which involved almost all male doctors. It is completely bizarre to have the basis of all knowledge of a field be developed by people who have never actually done the thing which they are experts of. Women were the people doing the act of labour and birth, yet their knowledge was not included in the origins of obstetrics. It's like having all knowledge of male erectile dysfunction be written only by female doctors. **It's that bizarre!**

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Over time, women became doctors and started practising as obstetricians. Obviously, maternity care has improved tremendously over the decades, but the original bias has never been corrected. The knowledge and perspective of the doer of birth has not been considered as important as the perspective of the observer.

This is not to say, women obstetricians are necessarily better at attending births than male obstetricians. In fact, I have seen several male OBs who are extremely humble and reverent of the natural process of birth and the inherent power and strength a labouring mother possesses. Historically, there have been so many male doctors who have contributed so much to the field of maternity care - Michel Odent, Frederick Leboyer, Fernand Lamaze, Robert Bradley. Their respectful observation of women and babies in rural homebirths have led to more women-centred care in birth in hospitals these days.

Whether or not you prefer to birth in the hospital, or at home, or in a hot tub in the forest by a gentle flowing stream surrounded by unicorns... my point is, that it is extremely helpful for you to have a grounded understanding of how human birth happens in a healthy, low risk, undisturbed situation, before we learn about what modern medical practices we may like to add to the mix.

Links

https://icea.org/wp-content/uploads/2016/01/Physiologic_Birth_PP.pdf

<https://www.npr.org/sections/health-shots/2015/01/12/375663920/the-doctor-who-championed-hand-washing-and-saved-women-s-lives#:~:text=If%20Semmelweis'%20hypothesis%20was%20correct,but%20with%20a%20chlorine%20solution.>

https://www.wikidoc.org/index.php/Puerperal_fever#:~:text=Hospitals%20throughout%20Europe%20and%20America,giving%20birth%20in%20childbirth%20wards.