

THE *Freebirth* STUDY

USA

UK

Belize

Israel

France

Ireland

Swaziland

Australia

Portugal

South Africa

New Zealand

Sweden

Saudi Arabia

Canada

Data from

171 births

from

118 women

across

14 countries

in

2023

“A normal physiologic labor and birth is one that is powered by the innate human capacity of the woman and fetus. This birth is more likely to be safe and healthy because there is no unnecessary intervention that disrupts normal physiologic processes”

- (Romano, 2008)

This study is not an academic or peer reviewed study. I produced it as some of us contemplating freebirth need numbers to process information and I used to work as a Data Analyst. When I was preparing for my freebirth I found no data but read thousands of inspiring stories to get an idea of how I could prepare. However my partner, who supported me completely in my choice, didn't read birth stories. I worked out what information he needed and wrote him a list... However, I realised many women were not being supported in their birth preferences by their partners due a basic misunderstanding of birth as well as the data void. I hope that this study will encourage more unconventional conversations, support, and a bit more information for decision making. The study is not perfect, I wish I could do it again, but if I were to try, it would never be done.

For the more meticulous of you out there, some questions had multiple answers, as some women experienced many different elements in each birth. Some questions went unanswered as maybe it wasn't relevant to that woman or she didn't want to answer it.

Disclaimer: Data here in this report reflects data collected by surveys in 2023 about experiences of freebirthers. This report was created by a freebirther for those contemplating freebirth. I am not trying to encourage you to freebirth as that decision can only be made by you. This report provides general information for interest only and does not replace official advice. I am not responsible for how you navigate your medical care or the decisions you make. I am not and will never be a 'medical professional'.

Produced by Niamh Dunne

10moons.ie

Birth Outcomes

THE
Freebirth
STUDY

- 117** Freebirthers (118 surveys)
- 166** Freebirths
- 5** Transfers to hospital during labour
- 18** Transfer – post birth
(**12** of which were checkups)
- 3** Babies spent time in NICU
- 1** Caesarean section

The babies

- 4** Breech births
- 15** Back to back births
- 63** Babies born in pools
- 170** Delayed cord clamping
- 3** Lotus births
- 2** Sets of twins
- 1** Stillbirth (chromosomal condition)

The women

- 100%** Would freebirth again
- 9.7/10** Enjoyment factor
- 80** Women described their freebirth as healing after negative experience
- 42** Instances of tearing, (of which **6** were 3rd degree and **1** sutured)
- 26** Post partum depression
- 20** Freebirth for first birth
- 12** Freebirth VBAC
- 2** Freebirth VBA2C

- 13** Instances of baby breast crawl
- 96%** Mother & baby skin to skin (at least one hour). The other **4%** was with fathers and siblings
- 100%** Breastfeeding uptake
- 4** Babies that later became formula fed
- 2yrs** Average breastfeeding duration
- 49%** Were still breastfeeding at least one baby (when they filled in survey)

“Free birthing has been a huge part of my coming into who I am as a mother.”

The purpose of the Freebirth Study is to provide a quantitative overview of over a hundred freebirthing women's experiences and birthing outcomes. Freebirthing women come from all different walks of life, with a variety of values, needs, body shapes and sizes, diets, risk labels, mental and physical health, and their births are just as variable. The industrial birth model continues to disempower and blame women for the terrifying outcomes which are now being normalised by society. More than ever, we need to take responsibility for our births and not just opt in blindly. This study's aim is to provide a bit more information in order for us to ask ourselves some important questions and to make decisions which are best for ourselves and our families. Starting with...

Why is it so hard to have a natural birth inside of the system? Because the system was designed to manage and control labouring women's bodies. **There was never an understanding of how to support physiology in the system and practices continue to go against the basic security needs of the labouring woman,** complicating the process and justifying subsequent interventions. It is only now, some providers are trying to implement small changes but its very foundations do not support birth. Read a very brief history and brief explanation of hormones at the end of the report.

What's so good about natural birth? Birth is a highly evolved physical and hormonal process which, when left undisturbed and when the labouring woman feels completely safe, brings her baby into the world from the same body that perfectly created, protected and nurtured it. Birth has evolved to heavily reward the mother, making her powerful and protective of her young. The birth process gives the baby the best possible start, seeding the baby with the mother's microbiome that lay the foundations for this new human being's gut. The empowered mother nurses her young which further flourishes this baby's gut and immune system for life. Natural birth and mothering is highly evolved and magical.

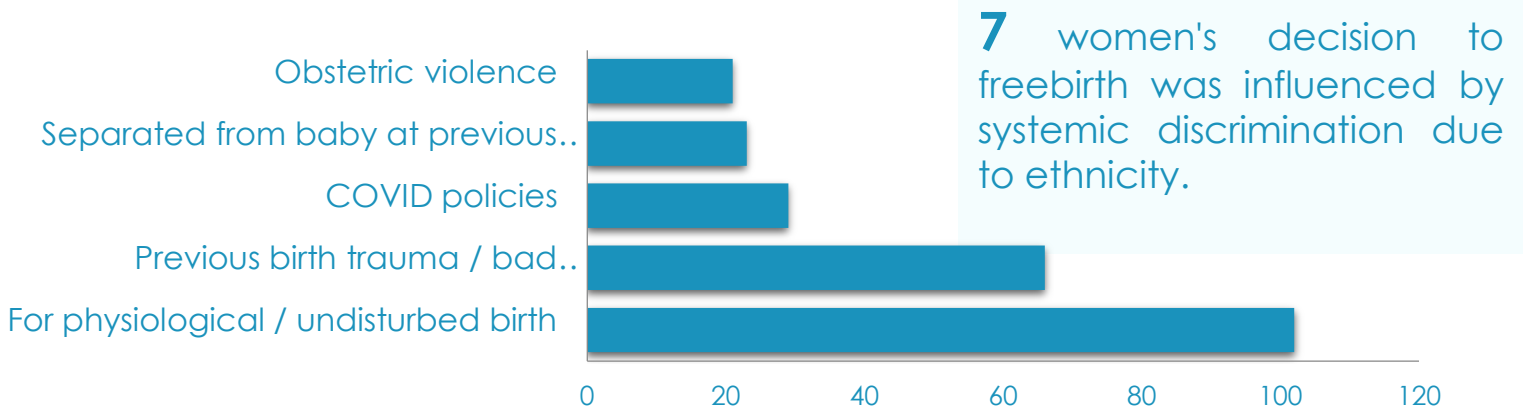
At the bottom corner of each page are comments left by women about their experience of freebirthing their babies. These speech bubbles are also words left by women relating to the specific area of the study

"That I am a powerful warrior goddess"

This data has been collated by surveys filled out after births happened. This long survey was shared with freebirth groups online and received 118 responses.

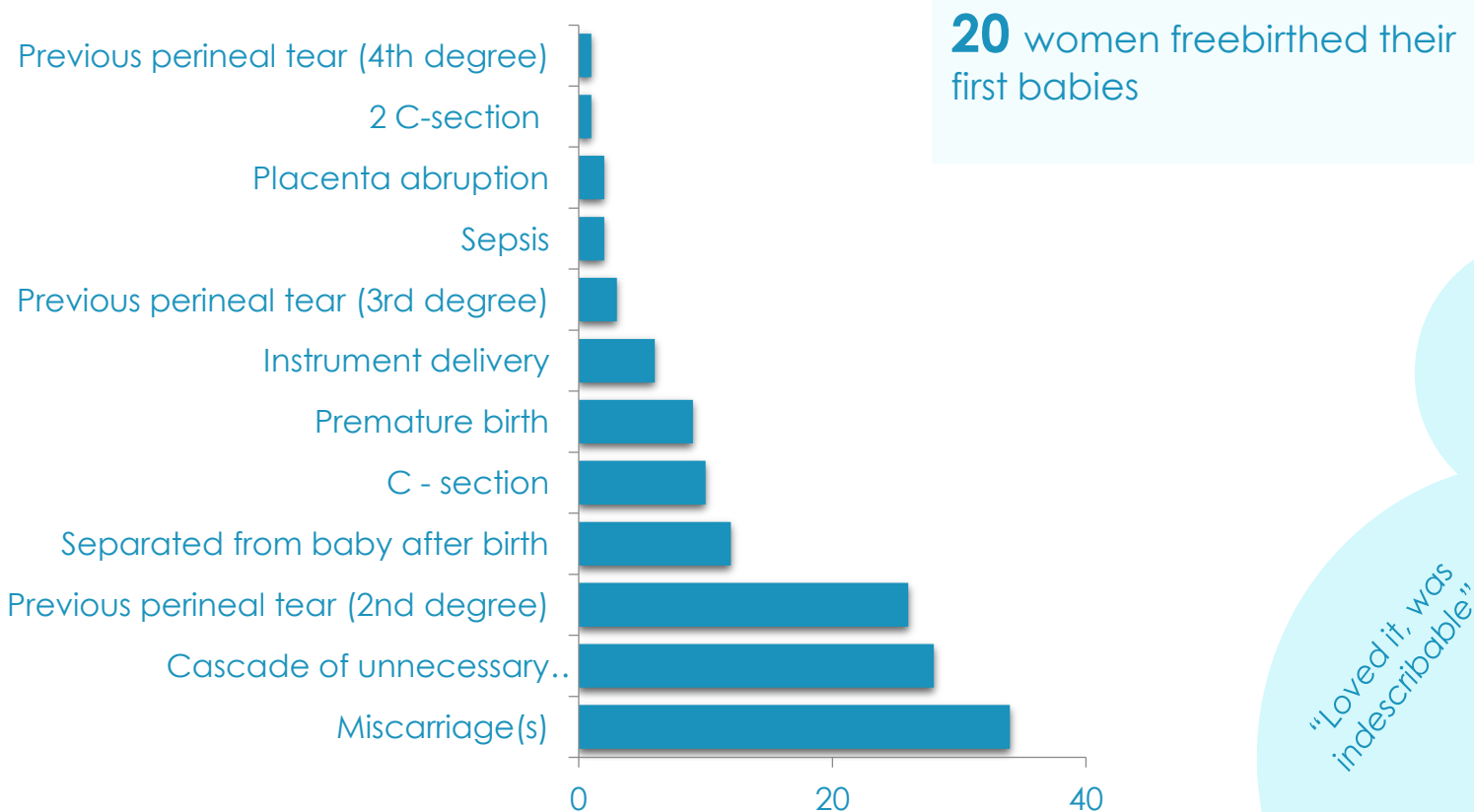
Why Freebirth?

Why did you choose to freebirth? (top 5):



Previous Experiences

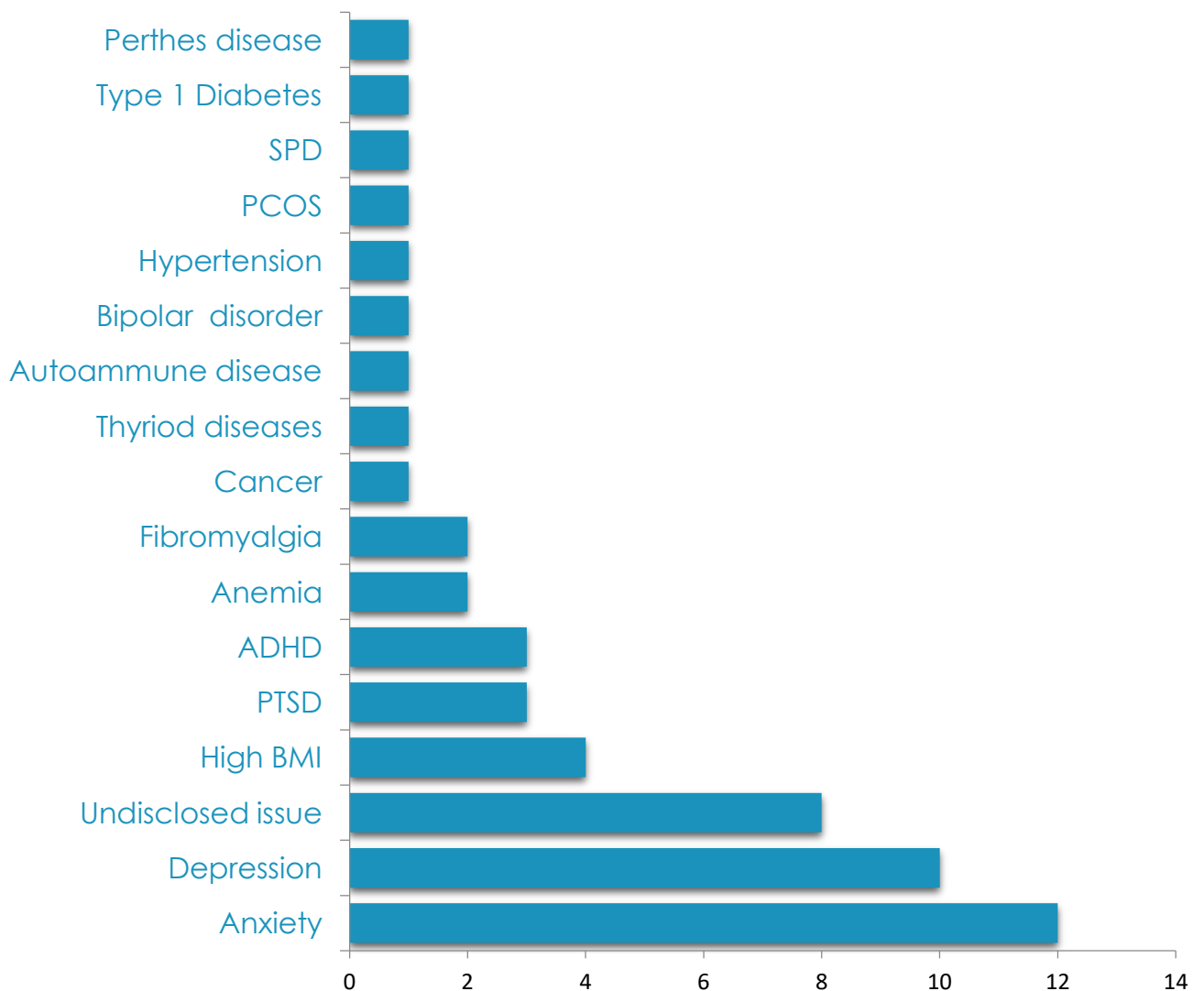
Previous experiences of birth prior to freebirth



"Loved it, was indescribable"

How was your health prior to your freebirth?

- ♥ **37** women in total had physical or mental health issues
- ♥ Some of which had multiple issues

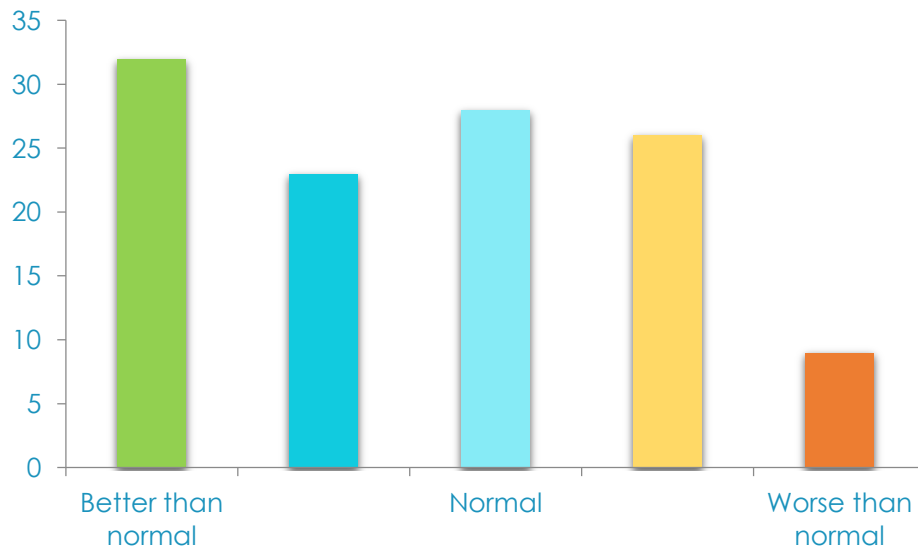


Was your condition stable?

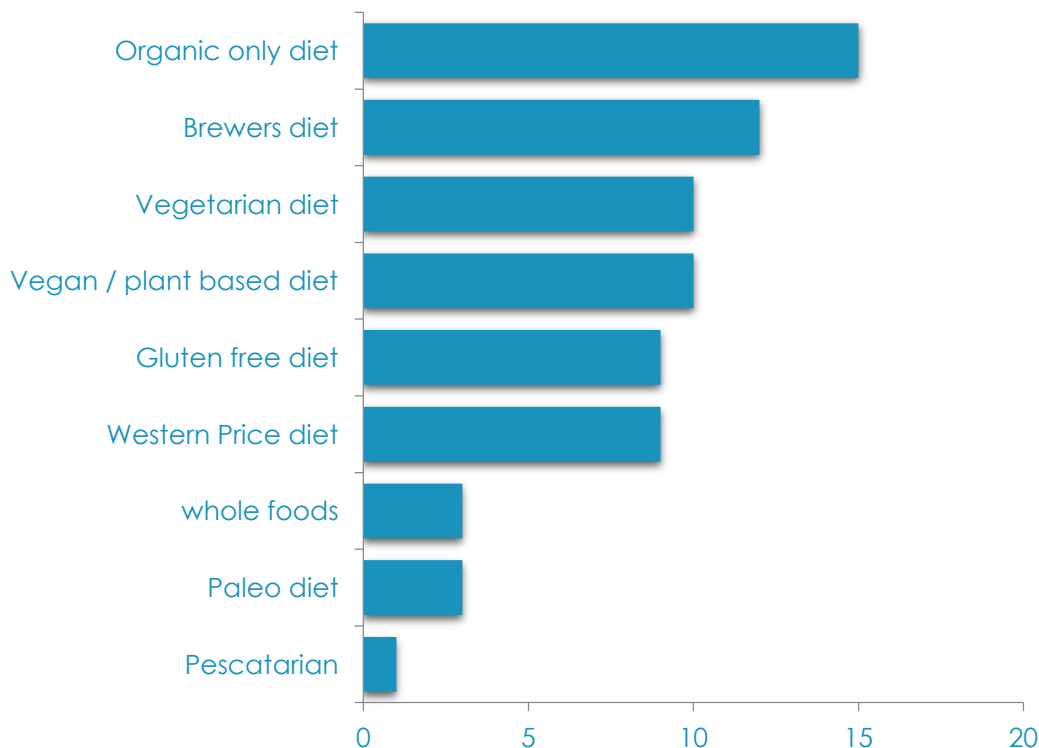
- ♥ **23** had health conditions under control
- ♥ **13** as far as they know were under control
- ♥ **4** didn't have health issues under control
- ♥ **4** women reported 'advanced age'

Wellbeing during Pregnancy

How was your emotional / mental health during pregnancy?



Did you have a particular diet during pregnancy?



Wild Pregnancy?

I felt I knew my body and baby better

If you try to get some care, but refuse some, you open yourself up for doctors etc to report you for neglect, or bully you

I felt healthy throughout, I had / wanted to cultivate inner faith in myself and my body

I don't agree with a lot of prenatal care practices within the system

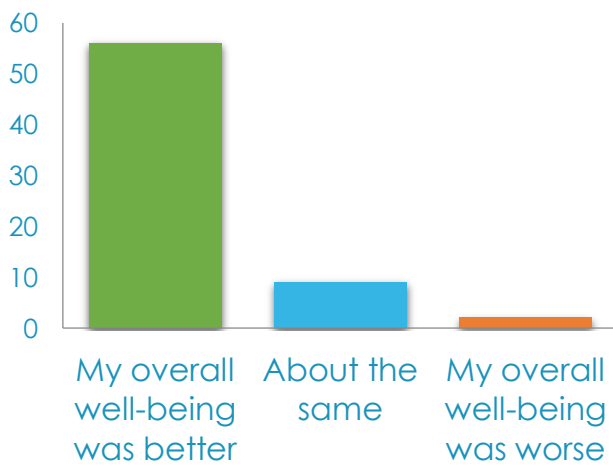
I just wanted to be left alone to really experience my pregnancy and not have to deal with anyone's fears being projected onto me

Told system I was pregnant and planning to freebirth and was largely left to it

I didn't want to have to continue advocating for my decisions/explaining why we were doing what we were doing

Felt it was safer

If this was not a first pregnancy but your first wild* pregnancy, how would you compare your well-being during wild pregnancy?



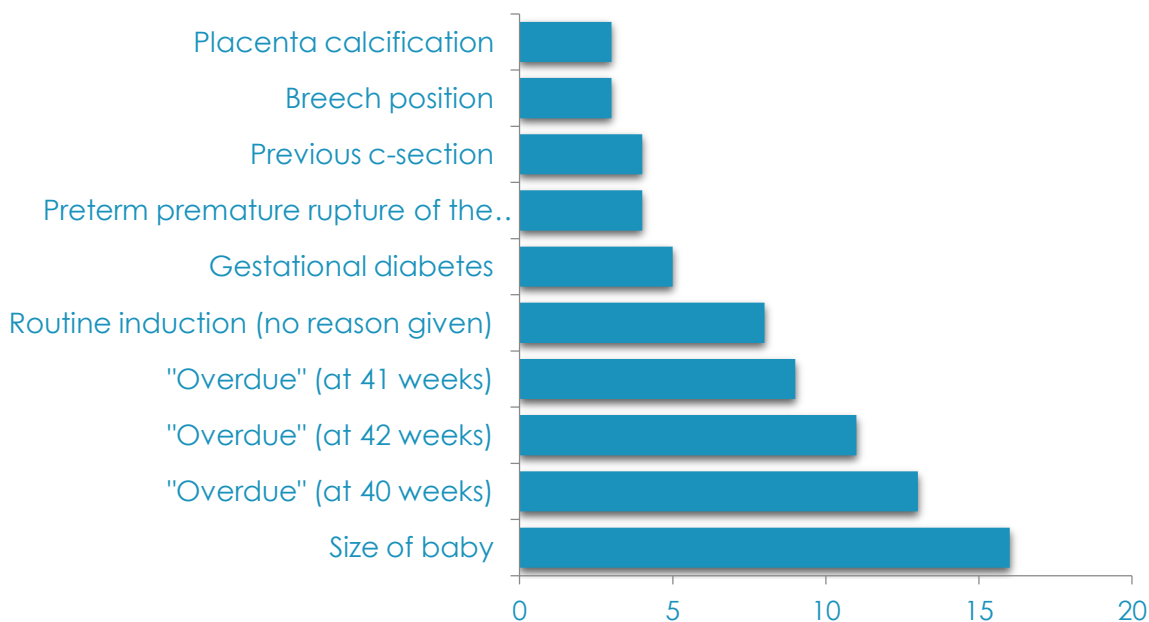
- ♥ 52 women did their own prenatal checks
- ♥ 27 did no checks
- ♥ 37 did checks with healthcare provider

***Wild pregnancy:** Not seeking prenatal care with healthcare provider

"Extraordinarily ordinary. Both epic and uneventful"

Interactions with The System

53% women were told they needed an induction or c-section during at least one of their freebirth pregnancies. The reasons were...



3 of the women that were told that they needed to be induced ended up transferring during labour.

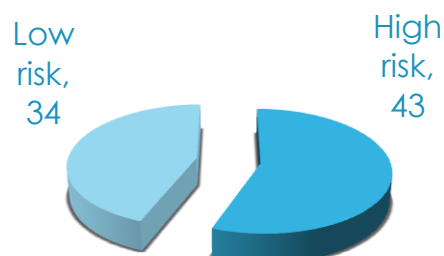
- ♥ needed to transfer (uterine rupture)
- ♥ felt like she had needed better support and to prepare more.
- ♥ felt it wasn't needed as baby was born in car on route

Were you given a risk label during pregnancy?

77 were given a risk label during freebirth pregnancy

43 were considered HIGH RISK

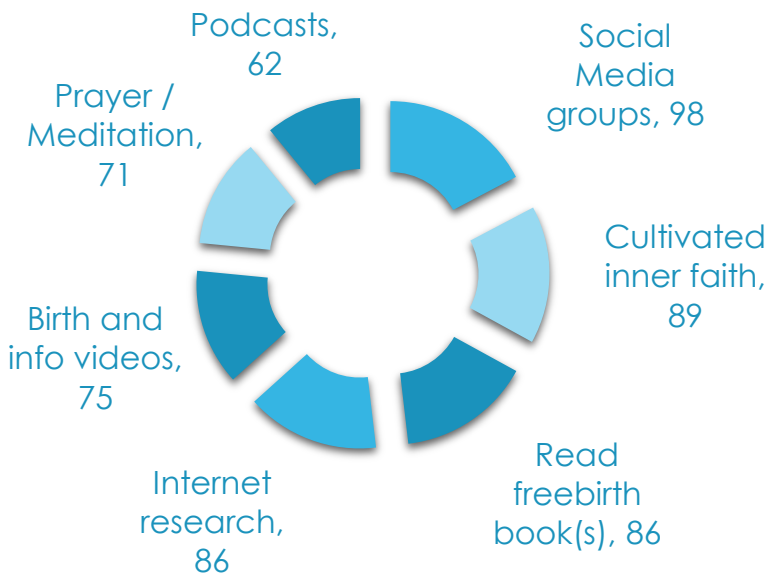
That's **56%**.



"Tough but amazing"

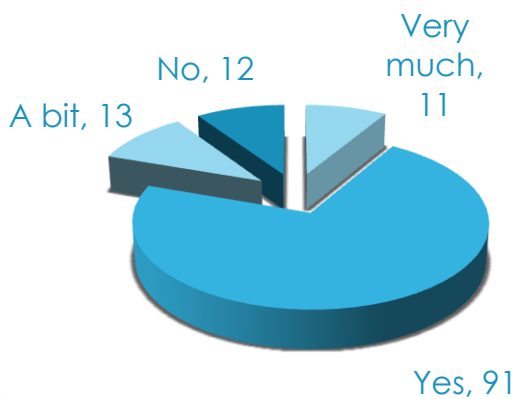
Preparation

How did you prepare for your freebirth?



- ♥ **15** women prepared their perineum with massage
- ♥ **4** women mentioned the book 'Home Birth On Your Own Terms'
- ♥ **7** women (at least) are pregnant again and planning another freebirth

Did you research potential complications?



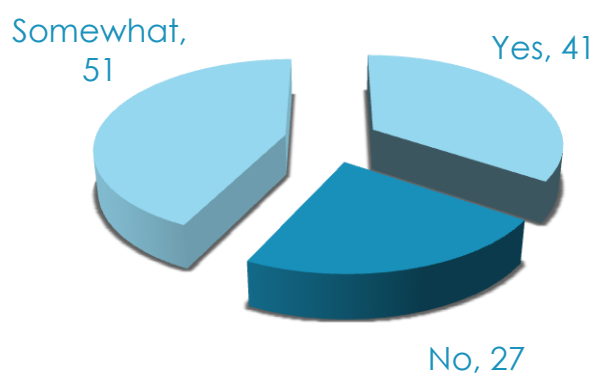
I have this deep profound trust in my body that it knows what to do and didn't feel that I needed to worry

At first I was hesitant to read about red flags and complications. I didn't want to have many negative or scary thoughts while preparing for birth. I did decide to research red flags and complications and honestly it only made me more confident. The more I knew and found out the more confident I became. Most problems happen because the women doesn't feel safe. There is much less risk of complications when a women is not disturbed

"the most rewarding experience but it really tested me"

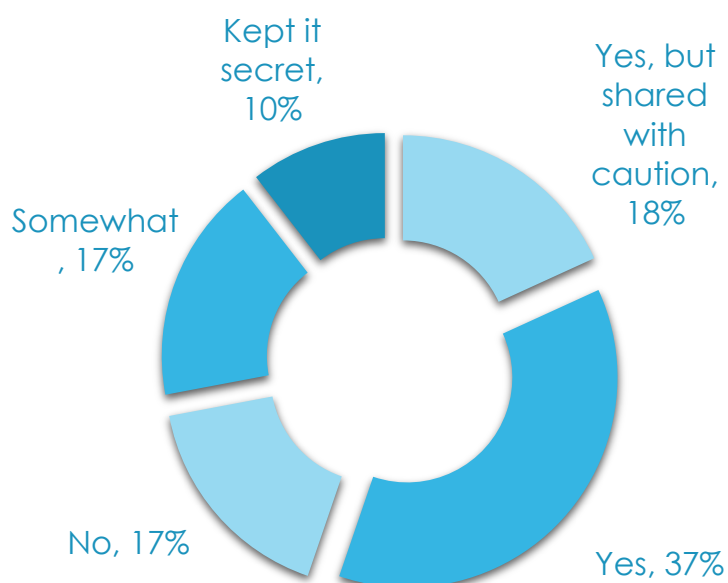
Birth Support

Did your primary birth partner prepare with you for your freebirth?



- ♥ **16** women laboured and birthed alone
- ♥ **43** Women had a non-medicalised Birth Support Worker at their births (Doulas, Birth Keepers etc)
- ♥ **4** women were not comfortable with everyone in their birth team

Were family/friends supportive of your intention to freebirth?



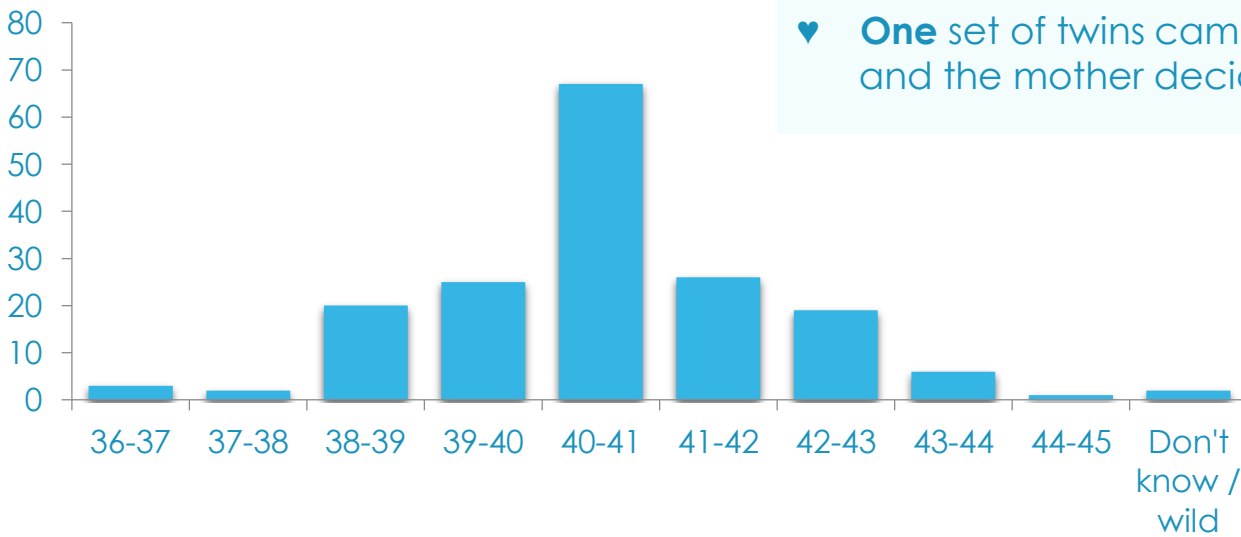
[Husband was] so supportive! He was cheering me on like he was a coach cheering on his team! I could not have done it without him!

I did not disclose my freebirth to anyone who wasn't going to be at the birth. For obvious reasons to not put myself or baby under duress

"I needed different support people. I will choose more wisely in the future"

Variations

Gestation at time of birth



♥ **One** set of twins came at 31 weeks and the mother decided to transfer

Where did baby come out?



♥ **113** women said they intuitively knew that they were both ok

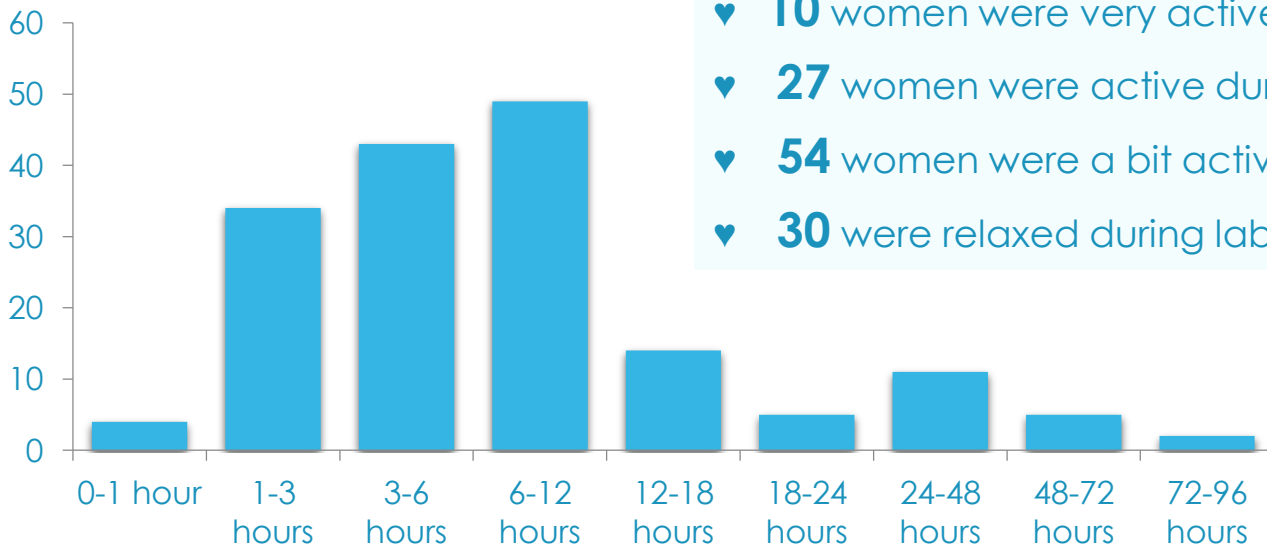
When did your waters break?

- ♥ **1** x waters breaking 1 week before onset of labour
- ♥ **3** x a few days before
- ♥ **8** x before labour began (that day)
- ♥ **60** x during labour
- ♥ **9** x just before baby emerged
- ♥ **48** x as baby was emerging
- ♥ **5** x babies born in unbroken sack

"Drastically different. Incredibly healing. For our whole family"

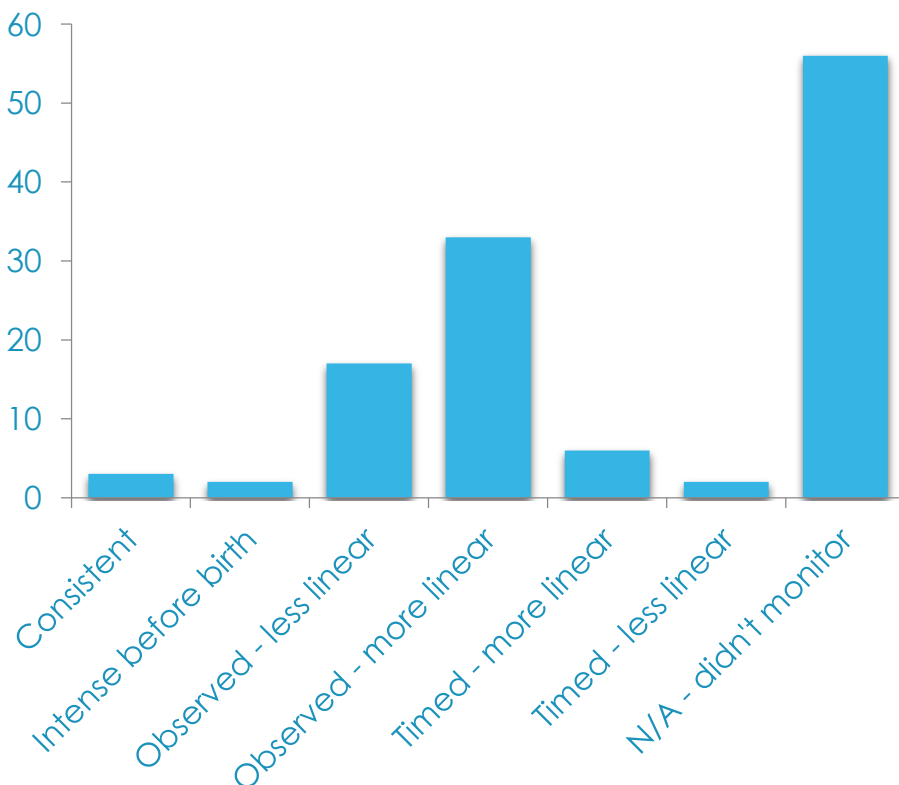
Birth Variations

How long was your labour?



- ♥ **10** women were very active
- ♥ **27** women were active during labour
- ♥ **54** women were a bit active / bit relaxed
- ♥ **30** were relaxed during labour

To time or not to time? Experience of contractions:

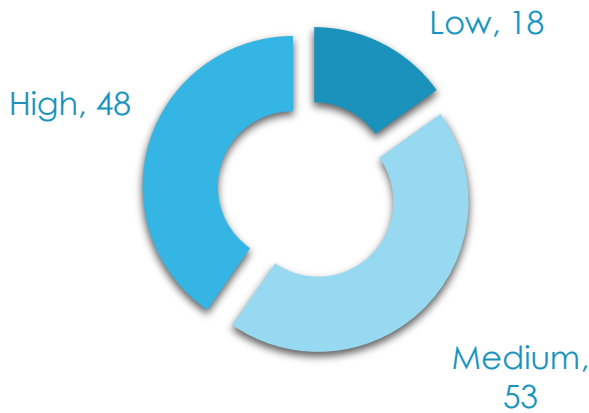


It healed so much and broke me wide open. It showed me all the ways I'd given up my power in my life and completely changed how I live

"Life changing!! Empowering and magical!"

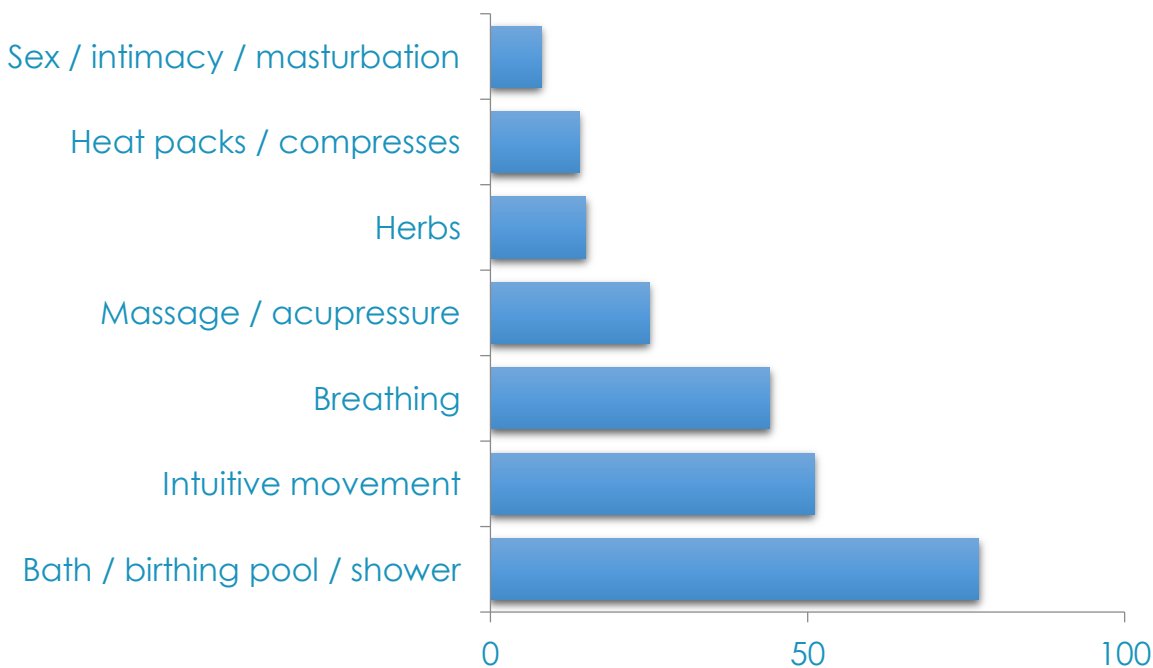
Experience of pain

How women experienced pain during labour



- ♥ **93** women experienced contractions flowing through body
- ♥ **15** women experienced tension
- ♥ **11** experienced contractions in both ways at different stages of labour

What pain relief worked best for you?



"Very healing, much calmer and easier and painless"

Amazing!
Absolutely wonderful.
Pain free,
Empowering.

It was the challenge I expected it to be and it was incredible

I had a stronger pain tolerance than I thought.

Experience of Transition

How was your experience of transition?

- ♥ **Intense** – is how most women experienced this part. Contractions on top of another, epic changes to mind and body
- ♥ **Fast** – most women felt, although intense, passed quickly
- ♥ **Primal** - vocals, mind goes, deep meditative state
- ♥ **No transition** – some women did not experience this as any different to the rest of their labour.
- ♥ **Painful** – women described this part as the hardest part of labour
- ♥ **Calm** – quite a few women said that their transition was calm, quiet and smooth
- ♥ **Surrender** – allowing body to take over and breathing through
- ♥ **Self doubt** – “I cant do this”, “take me to hospital”
- ♥ **Pain free** – some women don’t experience this as painful
- ♥ **Relief** – more for the women that have experienced it before, they know baby is coming

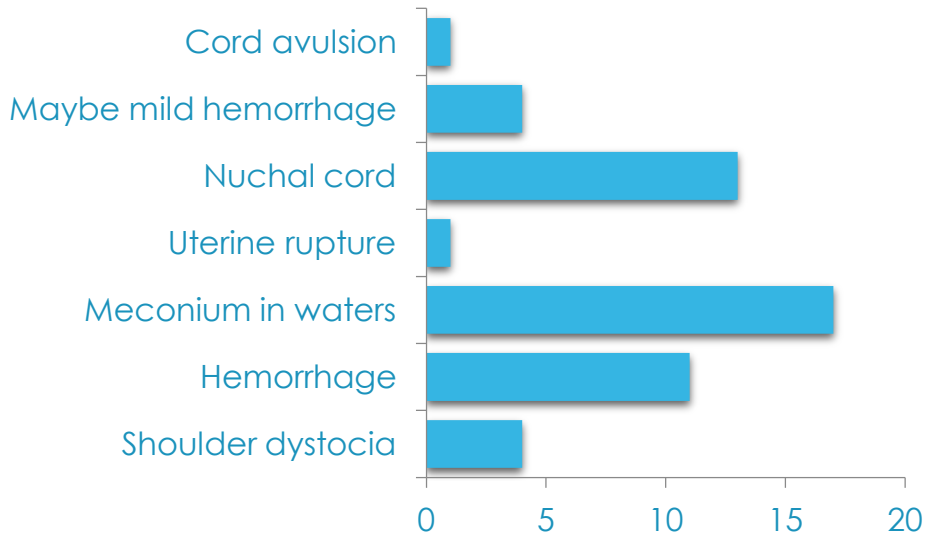
Transition is when the lengthening muscles that have been at play throughout labour rest and the round muscles come into swing and help squeeze baby out. At the same time the woman experiences surges of adrenalin which give her tremendous strength to bring her baby into the world. But she may find it overwhelming...

Somewhat of an out of body experience. I felt like I entered a deep meditative state unintentionally. I felt worried at first, then it all subsided and I felt completely at peace and somewhat supported by my female ancestors (if that makes any sense). Very new experience for me

Brief moment of doubt, but I entered somewhat of a meditative state and all was completely silent. I swayed back and forth rhythmically then was dead silent to the point where my husband kept checking to see if I was conscious, but I was just tuning deeper into my body

“Body took over”

Variations



Meconium

- ♥ **17** instances of meconium stained waters
- ♥ **5** suctioned their baby's' mouths before first breath
- ♥ **1** baby had meconium on back only
- ♥ Babies were monitored and were all healthy

Nuchal cord

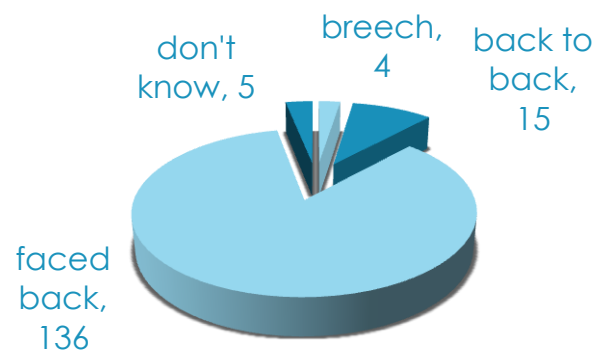
- ♥ All instances of nuchal cord did not lead to complications. Cord was unwrapped without issue after birth.

3x Nuchal cord didn't seem like a complication, I just unwrapped babe

Uterine rupture was a 911 call. I was passed out from blood loss before arrival

"I am part of nature"

Baby's positioning at emergence



Managing Hemorrhage

Out of **16** instances of hemorrhage (4 of which bled more than expected, but not sure if hemorrhaged)

- ♥ **12** instances were managed by **tinctures**
- ♥ **1** instance were managed by a homeopathic remedy
- ♥ **2** instances were managed without tinctures:
 - ♥ one had baby nurse and sucked on umbilical cord
 - ♥ one had already transferred and it was managed by midwives
- ♥ **1** instance, on day 10 PP, the woman had a sudden hemorrhage and transferred. She tried tinctures but didn't work. It was retained placenta
- ♥ Two women proactively used tinctures as they had a history of hemorrhage

PPH day 10, sudden & severe, no advance warning, emergency transfer, tinctures while waiting but no effect, it was retained placenta.

I don't know if it'd be considered hemorrhaging but I had an excessive amount of blood. Wombstringe worked great and birthing the placenta quickly, and breastfeeding to contract my uterus. I wasn't worried.

She was extremely healthy. My biggest health concern was how weak I was from the blood loss, but I felt fine as long as I was lying in bed. So I stayed there hydrating and eating to rebuild my blood volume. After three days, I was back to normal for me.

"Incredible!
Feeling so empowered"

Management

Shoulder dystocia

- ♥ 4 instances of bone stuck on bone during labour
- ♥ Each dystocia was self-managed by changing position until baby became unstuck.

Cord avulsion

- ♥ 1 instance of cord breaking in pool due to short cord and high placenta – baby was fine

Uterine rupture

- ♥ 1 instance of uterine rupture which was an “**emergency 911 call**”

I feel like her shoulders were stuck. I saw it in my minds eye and felt it caught in my pelvic bone. Instinctively moved into different positions and then pushed hard

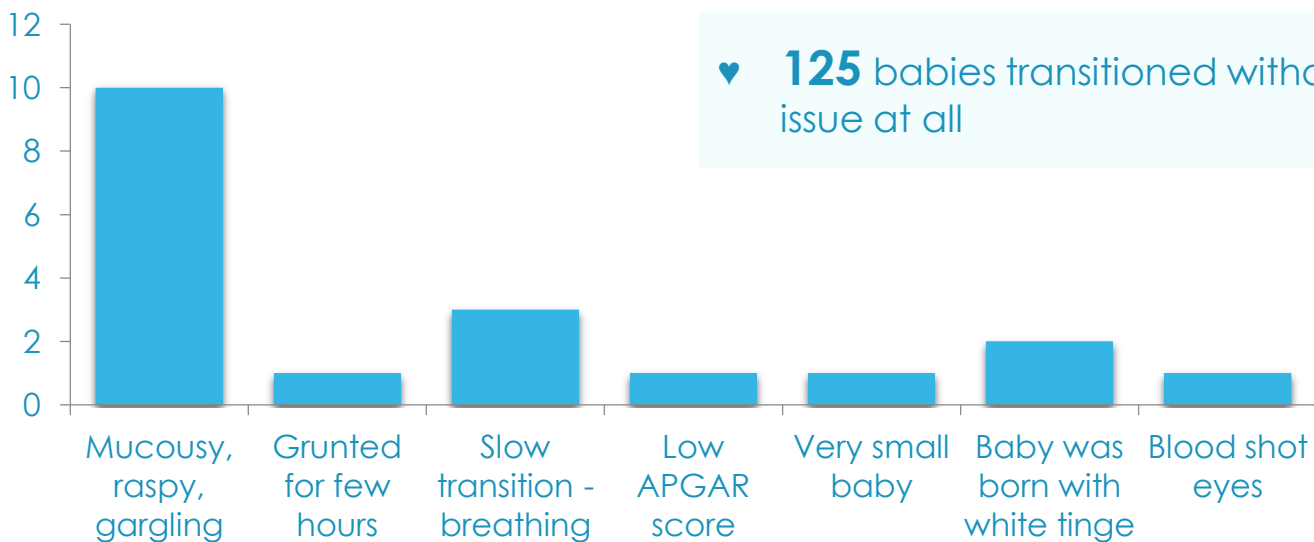
I manoeuvred how I was standing and he slid right out

4 [pushes] for the second [freebirth] as his body got to stomach out than got stuck so I instinctively bared down as hard as I could (I had no idea his cord was short and he had a high placenta placement) it snapped he came out little to no blood but we did clamp it though it was all the way white and he was pink and perfect and cried for a few seconds then fell right to sleep

“Both were empowering... amazing for me and hubby too”

Baby's Transition

How was baby's transition?



♥ **125** babies transitioned without any issue at all

- ♥ **7** mentions of suctioning babies airways clear (with mouth or bulb syringe)
- ♥ Others mentioned lots of skin-to-skin and breastfeeding until airways cleared fully
- ♥ **1** baba visited hospital with respiratory issues (not meconium related)

How long did it take for baby's first breath?

- ♥ **24** babies within 30 seconds
- ♥ **3** babies within 1 minute
- ♥ **4** babies within 1,5 minutes
- ♥ **2** babies within 2 minutes

She was very small 5 pounds 4 oz and took a few hours of nursing and skin to skin to get her breathing regulated and not so grunty

Not really problems, but it wasn't the typical screaming baby situation. She took a few minutes to really get consistently breathing and not be quite so dark red/purple

"I am a changed women"

How long until you birthed placenta?

- ♥ **74%** birthed the placenta within the hour
- ♥ **23%** between 1 – 5 hours
- ♥ **2%** between 5 – 8 hours
- ♥ **1%** at three days

- ♥ **1** placenta didn't birth and was extracted

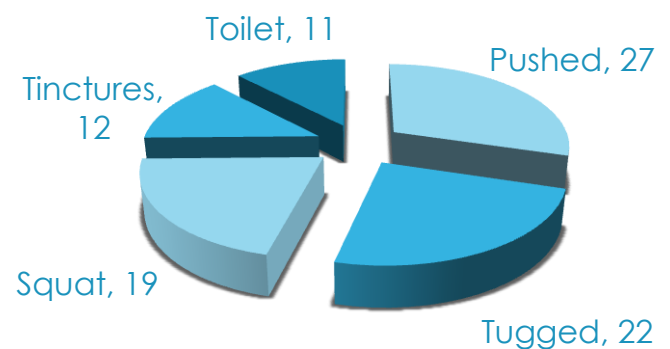
Did you do anything to encourage your placenta?

- ♥ **40** women did nothing

I needed to be alone in a dark place to go back inward ... I eventually intuited that and birthed it into a bowl in dark bathroom. My mum was there for it and I love that.

Placenta did not birth, eventually transferred and had manual extraction. Some hemorrhage as a result

"Sacred, simple and beautiful"

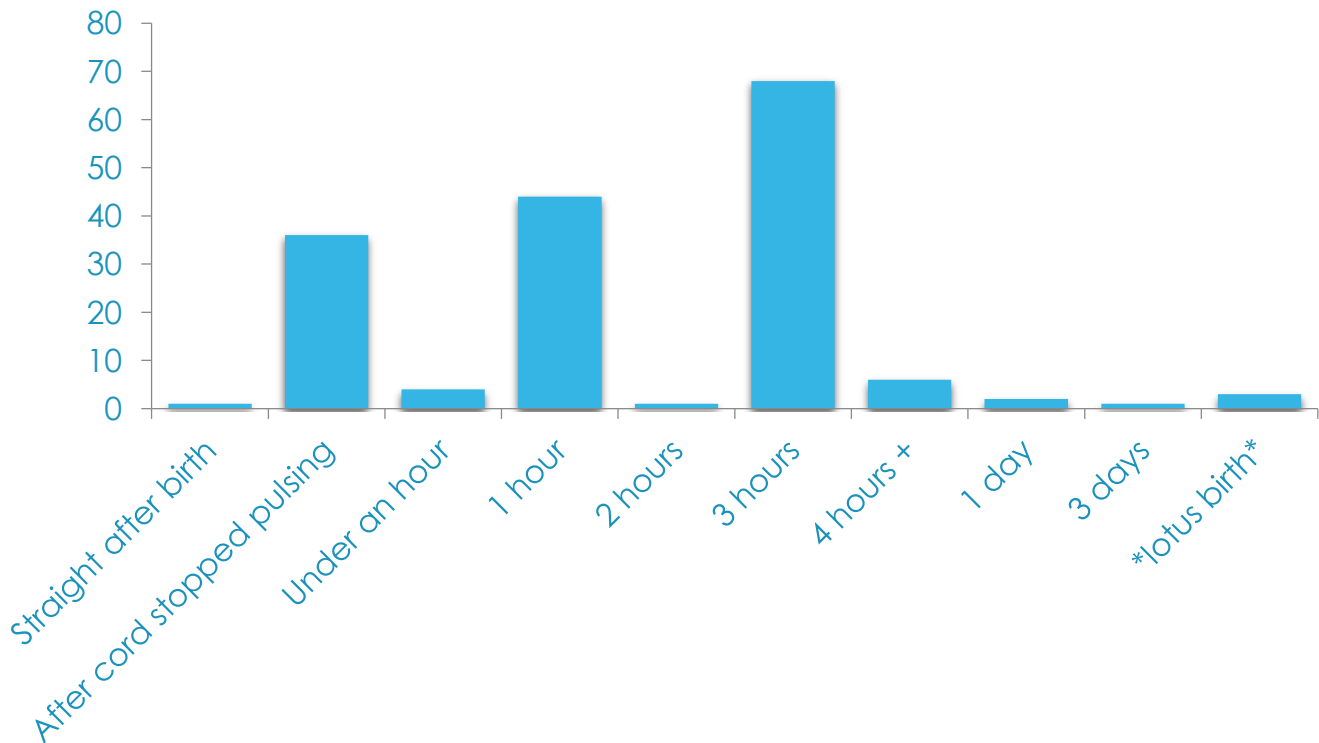


Other techniques were:

- ♥ Applying pressure on fundus
- ♥ Nursing baby
- ♥ Manual extraction
- ♥ Relaxing / breathing / visualisation
- ♥ Coughing
- ♥ Returning to dark, calm environment
- ♥ Pitocin

Did you Cut the Cord?

When did you cut baby's cord?



- ♥ **3** baby's cords were cut within the hour due to being short
- ♥ Some women mentioned burning the cord
- ♥ **1** baby's cord broke on entrance into the world
- ♥ Some waited for placenta to be born to cut

After maybe 5 hours,
waited for siblings to
wake up

Intended to lotus but
by day 3 we were
over the annoying
hard cord between
us!

Planned a lotus birth but
decided to burn the
cord at 10 hours
because I was not given
adequate support for
keeping the placenta
close enough to not pull
on baby

"Heavenly!"

Transfer during labour

- ♥ **5** women gave birth after transferring to hospital
 - ♥ 1 woman suffered a uterine rupture (emergency 911 call)
 - ♥ 1 woman had a long labour of 72 hours then a c-section in hospital
 - ♥ 1 woman was tired and worried after 3 day long labour
 - ♥ 1 woman wanted pain relief
 - ♥ 1 woman transferred due to prematurity of the birth
- ♥ **1** woman gave birth in the car on route to hospital (for pain relief and worry about length of labour)

I thought perhaps his position was wrong because I had gone through transition but it was still hurting terribly and it had been nearly 3 days. I should have trusted the process but I was scared and tired.

Transferred with first pregnancy due to prematurity

My baby did have respiratory issues afterwards so I took him to the hospital and he stayed in the NICU for a week. I believe it was due to my inexperience with free birthing my first child.

Transfer after labour

- 18** women transferred after freebirth
 - ♥ **4** women had retained membranes / placenta
 - ♥ **1** baby had respiratory issues
 - ♥ **1** woman had Pre-eclampsia
 - ♥ **2** to avoid potential issues
 - ♥ **10** for check-up only
 - ♥ of which 4 for paperwork
 - ♥ 3 women to check tear (1 woman required suturing)
 - ♥ 1 felt coerced into transfer
 - ♥ 1 woman felt faint after blood loss
 - ♥ 1 woman had high blood pressure

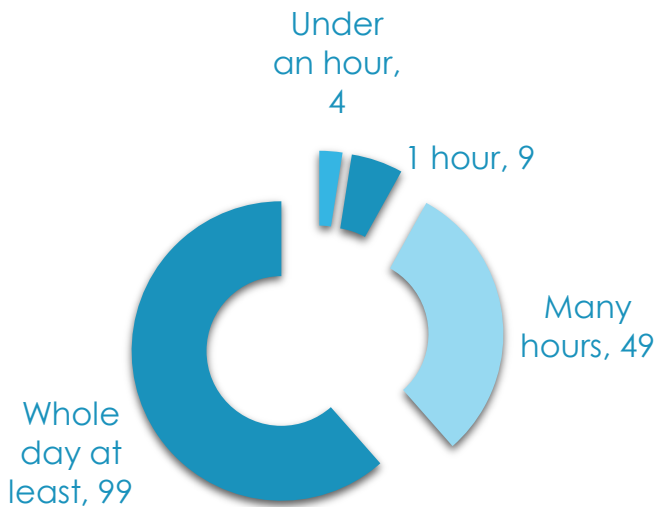
Time in NICU

- ♥ **3** babies spent time in NICU
 - ♥ 1 was for respiratory issues
 - ♥ 1 set of twins due to prematurity

"It was absolutely perfect"

Protecting Hormones

How much skin to skin did you get?



- ♥ **96%** of mothers and babies got at least 1 hour of skin to skin (often days)
- ♥ Otherwise they had skin to skin with daddy or siblings
- ♥ **2** babies got continuous skin to skin for weeks
- ♥ **13** babies breast crawled*

How long until baby first nursed?

- ♥ **142** babies nursed within first hour
- ♥ **13** babies nursed within a few hours
- ♥ **5** babies nursed after a long sleep / many hours later
- ♥ **1** baby first nursed 2 days later

None. I was blacking out and weak due the blood loss. Kept looking up and seeing husband hold the baby, along with the placenta and an ice cream bucket while he waited on me trying to keep my chucks changed

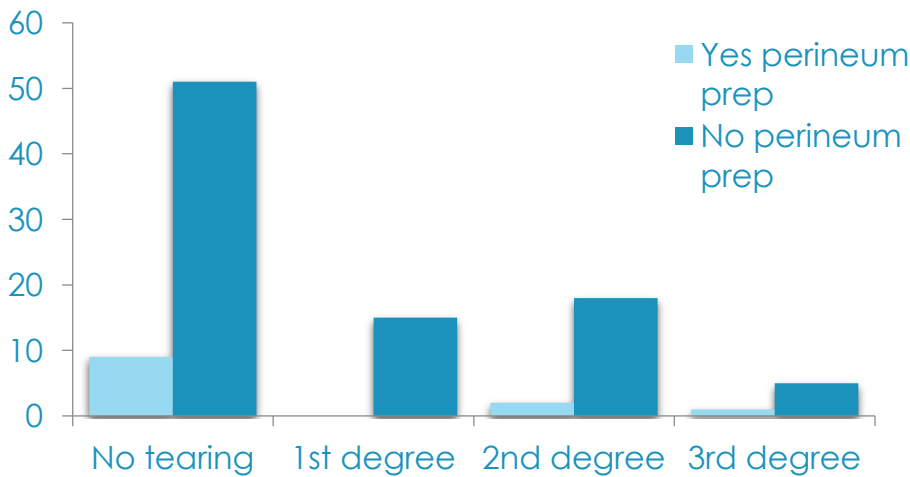
She went straight to my bare chest, and as soon as I got out of the tub, we did the breast crawl skin to skin and we pretty much stayed like that for the next few days

A nurse helped me latch him but I don't think he really wanted to nurse. We went home right away and he didn't nurse really until around 9 hours later.

***The breast crawl** is when baby crawls on mother's torso and finds the breast alone. This process creates a massive amount of oxytocin for bonding and helps the uterus to contract, assisting with the birth of the placenta

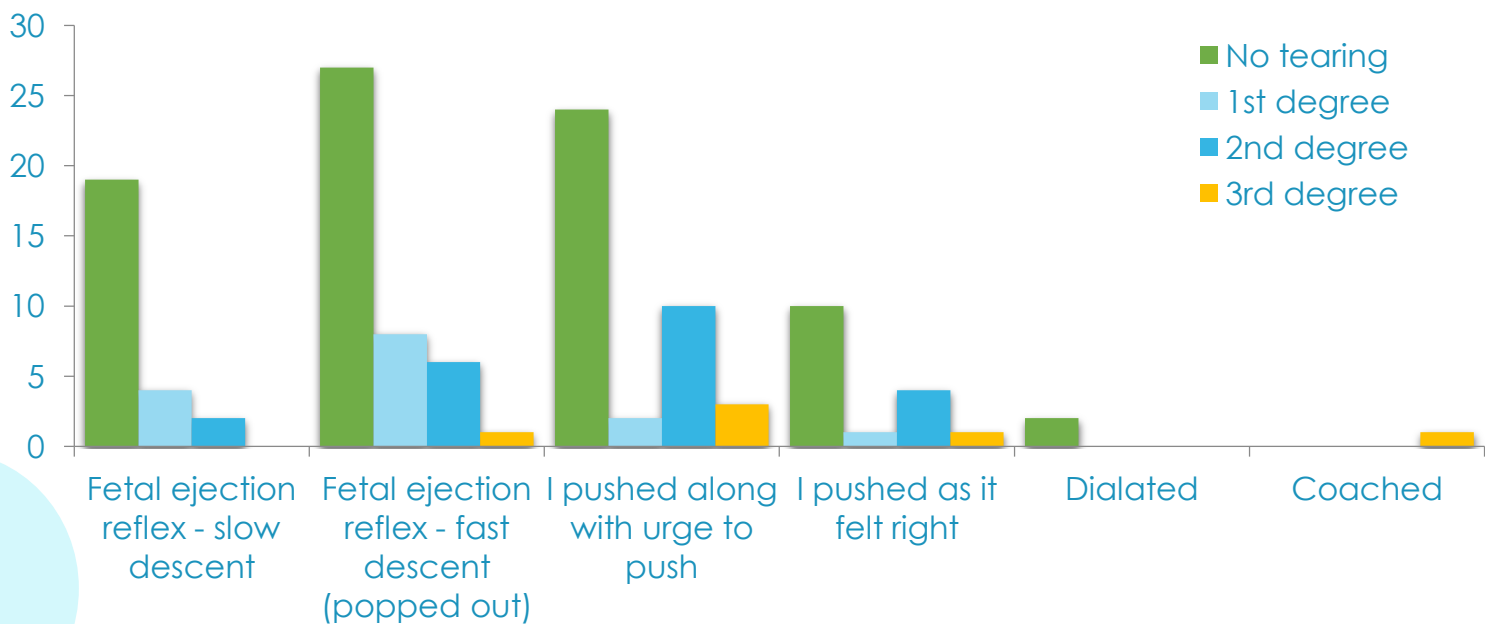
"very disappointing because of the lack of support I received"

Did you prepare your perineum in any way?



Fetal Ejection Reflex: the body's natural method of getting the baby out. This happens after the baby and woman's body have worked symbiotically to pull the uterus up (deepening the fundus and opening the cervix) and the baby is in the best position (for that baby) for descent. Uterine muscles squeeze, while the fundus - and the baby - push the baby out.

How did baby come out?

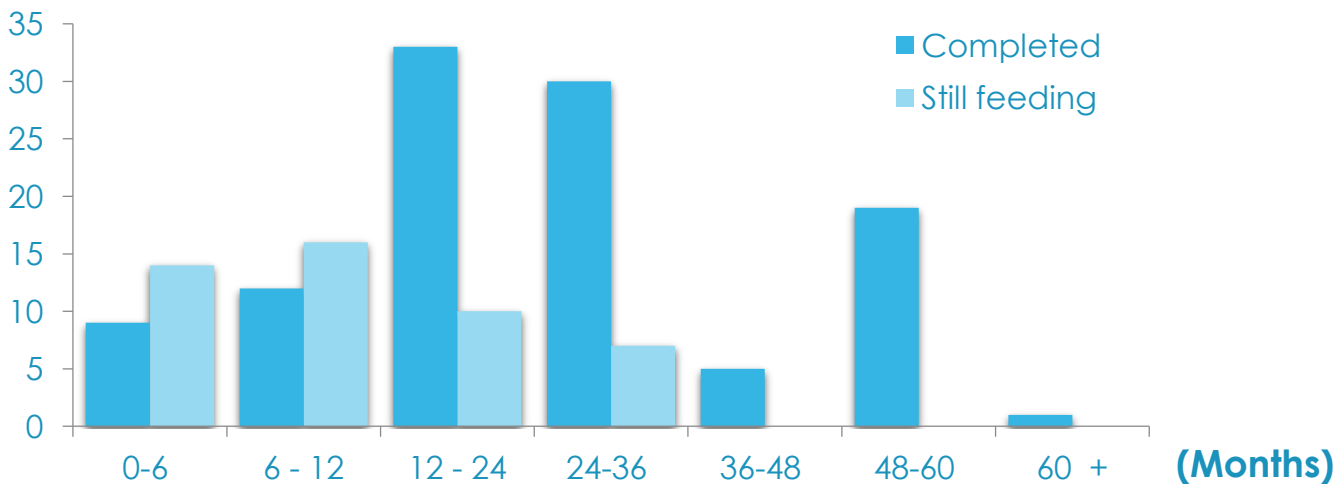


"The best experience in the world"

First baby I had a bad third degree tear and needed repair after precipitous freebirth

Who's Breastfeeding

How long have you been / did you breastfeed for?



- ♥ **13** sought out support from get go / before birth
- ♥ **19** women sought out support after facing issues
- ♥ **9** took a breastfeeding course prior to birth
- ♥ **6** women didn't get but needed support
- ♥ **4** decided to change to formula after initial uptake of breastfeeding
- ♥ **0** women planned to give formula

Challenging but better with practice and still going strong

Best breast journey so far! Fifth child!

EBF* my freebirth baby, milk came in on day 2. My birth prior was a c-section- had trouble breastfeeding and milk came on day 5

Completely natural, totally painless. No issues ever.

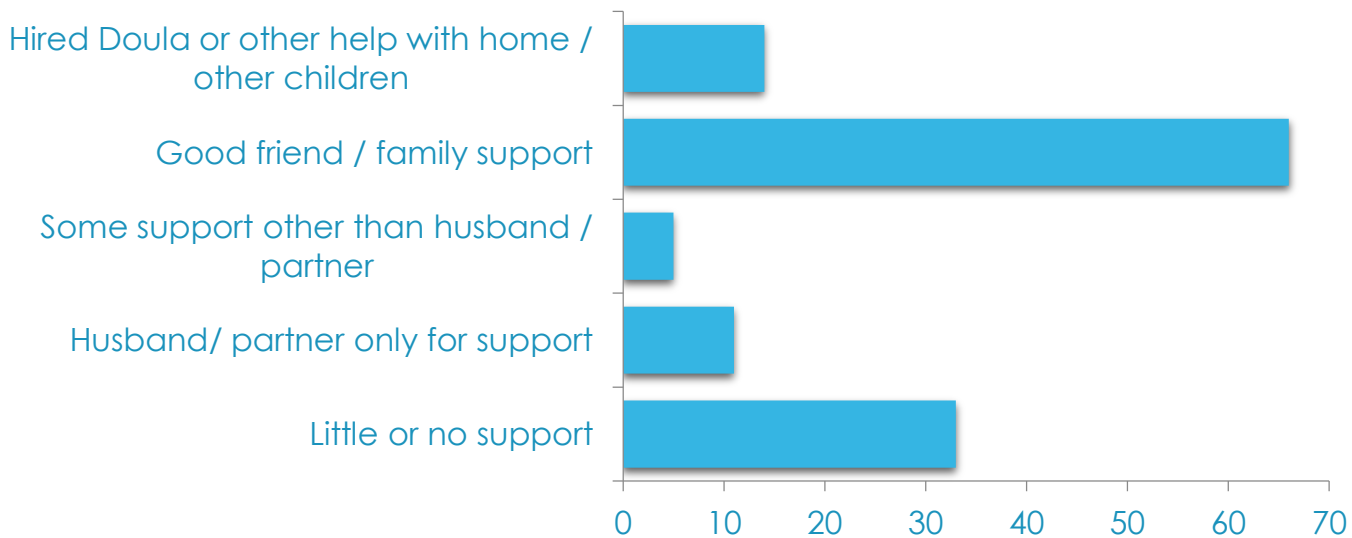
"Euphoric and healing"

*Exclusively breastfed

Postpartum

Did you experience postpartum depression after your freebirth?

- ♥ **26** women experienced post partum depression (PPD)
- ♥ The experience of PPD was **twice as common** for those that didn't have support
- ♥ **14** women hired help: either postpartum Doula or help with housework and kids



High off birth hormones. I wanted to do it again immediately. It took about three months for me to come back down to earth. Postpartum was the most wonderful time of my life.

Very little support after the first day. No help with kids, no break from self employment

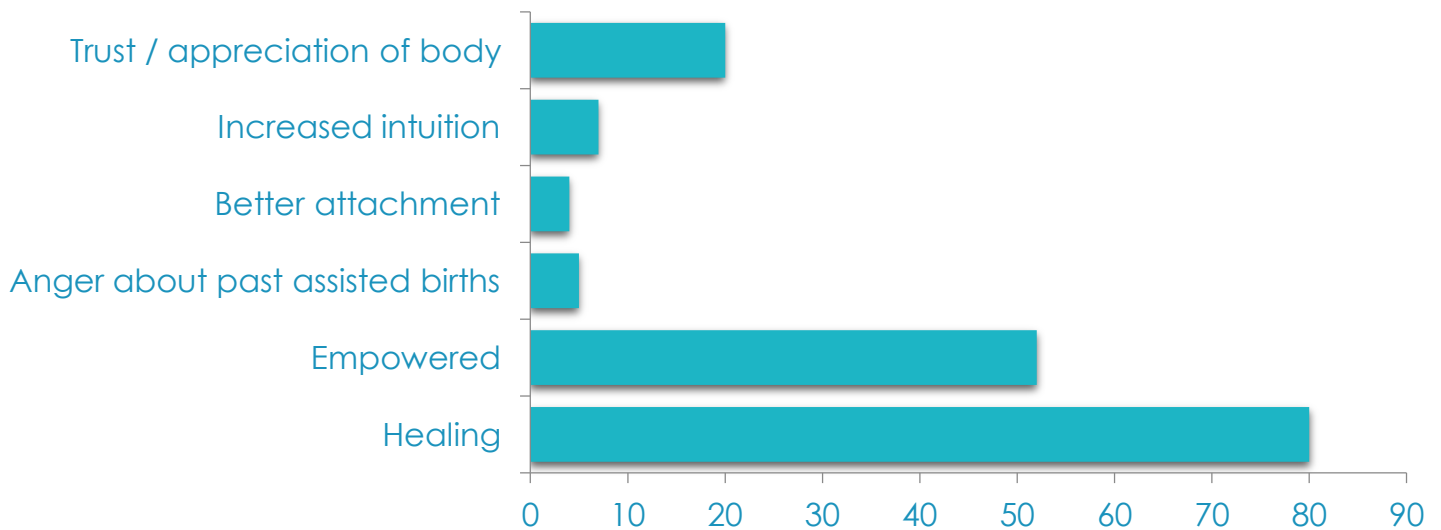
I was okay. There was a lot of pressure to get up and do stuff even when I didn't feel up to it yet. Depression was a thing, but not super bad. It felt normal to take care of a baby, but still very wearing.

My husband had 6 weeks off work, he made 150 meals and froze them and my older children were helpful. Emotionally and mentally I was fine. Baby was sleeping through the night from birth

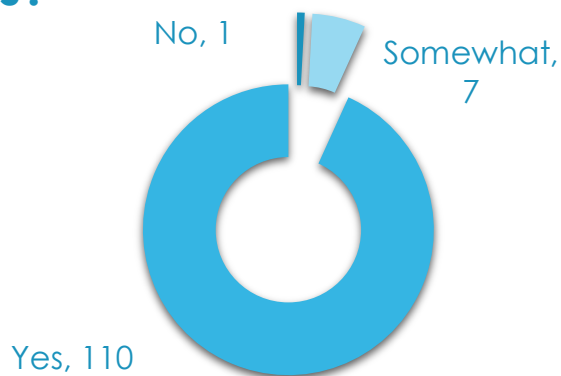
"It was spiritual, magical, beautiful, powerful, wild, primal, divine"

Birth Experience

How does your experience of freebirth compare with past assisted births?



Do you think you entered into freebirthing with realistic expectations?



9.7 'Enjoyment' factor of freebirth experience

[Stillbirth]

I felt empowered and even considering his condition I was happy we got to deal with it in the privacy of our home as a family

This second time it was amazing to stay home, go to sleep in my own bed, keep baby with me all the time/ no need for checks. Felt like I instantly attached to her much more easily than my first

"So sacred. So safe."

The importance of Birth Hormones

Mother Nature's superb design is hard-wired into female bodies, providing an elaborate orchestration of hormones to enhance ease, pleasure and safety in labour, birth, and postpartum. All of these hormones are produced primarily in the middle (mammalian) brain. For birth to proceed optimally, this more primitive part of the brain needs to take precedence over our neocortex, the seat of our rational mind. These hormones also ensure an ideal start to, and ongoing pleasure and reward from breastfeeding and attachment, optimising well-being and survival for mother and offspring in the medium and long terms.

The full expression of these labouring hormones requires specific conditions - that the **labouring mother feels private, safe and unobserved** – for labour to unfold optimally: efficient, affective and highly rewarding. If she does not, labour can be prolonged and routine interventions can further interfere with the hormonal orchestration for mother and baby creating a cascade of intervention and hormonal gaps that can interfere with the ideal start for the baby and the new mother.

Oxytocin, the hormone of love (connected with enjoyment, sexual activity and orgasm, birth and breastfeeding) causes the uterus to contract (or surge, wave) and also produces painkilling effects. It also protects the woman from the life threatening risk of hemorrhage and helps her fall in love with her baby, therefore protecting this new human being. Synthetic oxytocin is used routinely to induce, 'speed up' labour and the delivery of the placenta. Although its composition is identical to the natural oxytocin produced in the brain, it works very differently in the body as the woman doesn't receive the pain-relief or 'blissed out' benefits as the blood-brain barrier doesn't allow synthetic oxytocin to enter the brain.

Melatonin works in tandem with oxytocin enhancing and regulating contractions. As we create melatonin during sleep, it is more common for women to commence labour at night or after sleep.

The importance of Birth Hormones cont.

Beta-endorphin is one of a group of naturally occurring opiates and is secreted under conditions of pain and stress, when it acts to restore homeostasis (physiological balance). These beta-endorphins increase throughout labour, peaking at the time of birth, and subside in the first one to three hours.

Adrenaline and noradrenaline gradually rise in labour, peaking just before baby is born. However, high adrenaline levels in early labour - which reflect activation of the woman's fight-or-flight system in response to fear or a perception of danger - have been shown to inhibit uterine contractions and can even stop labour. Noradrenaline sends oxygenated blood to limbs (preparation for fight / flight) reducing blood flow to the uterus and placenta, and therefore to the baby. This alone can cause foetal distress which is further contributed to by routine use of synthetic oxytocin which women find hard to cope with without strong pain relief (such as epidural) as their bodies are forced into an unnaturally hard labour without the natural pain relieving qualities of their own natural oxytocin. During the intense uterine contractions babies can become more stressed.

Prolactin, the mothering hormone is released during pregnancy and lactation. During pregnancy prolactin assists the woman to prepare, or 'nest'. After the birth of the placenta, prolactin begins to stimulate milk production.

Our bodies produce a powerful cocktail of hormones naturally to protect women and babies during the birth process. Interruptions, disruptions and interventions can cause these hormones to work differently, not be as beneficial, and cause hormonal gaps. Hormonal gaps can increase risk of haemorrhage, issues with bonding, etc. The birth process is highly evolved and protects. In the medicalised model, interventions are required to protect when these hormonal gaps cause issues. However, the gaps were often caused by the model.

Why was birth

Medicalised?

Women have given birth successfully with the support of female family/ friends for millennia. This 'birth culture' is as old as humans themselves and **has added to human success**. Attending births was a part of life and provided women with a good base of knowledge and an idea of what to expect when birthing themselves. Midwives performed a ritualistic role, knew about herbs and understood how to support physiology and manage complications. This age old birth culture still exists in some parts of the world today.

It is estimated that a quarter of the women murdered during the witch trials were midwives. This was largely due to the use of plants to ease labour which some in the church took issue with, as they viewed pain during childbirth as punishment for Eve's original sin and not the divine act that it is, supported by God's plants. In Europe by the C.14th the church and the male dominated medical field were already in close contact, suppressing the work of female healers.

The medicalisation of birth started with the invention of tools to assist during difficult births. Generally the babies would not survive, nor the women until the invention of the forceps, which became the hallmark of the obstetric era. 'Man midwives' started to attend births of wealthy women as a 'precaution'. Soon, having a man midwife at birth became a status symbol for the wealthy, more 'scientific' class. This is where dysfunctional practices began - as they knew about anatomy from studying cadavers - but had no understanding of how to support birth physiology as traditional midwives could, so they sought to control the process.

The arrival of the Industrial Revolution required factory workers and took women away from their communities and female networks that would have supported them. Lying-in hospitals were set up **where women were mere guinea-pigs for experimental practices to manage birth**. Childbed fever was rampant in hospitals as doctors spread infection directly into labouring women's vaginas. The high mortality figures finally decreased with the onset of routine antibiotics in the 20th century. The onset of Twilight Sleep at the beginning of the 20th century started the trend of high and middle class women giving birth in hospital where women were tranquilised and babies extracted from them by instrument, with no memory.

Campaigns to discredit, vilify and regulate traditional midwives out of existence started during the witch trials and finally succeeded a century ago (each country regulated at different times). **Historical evidence shows that the vast majority of women lost their preferred birth support around the world. This happened in conjunction as man midwives claimed technical superiority in the birth arena and exaggerated the risks of childbirth, and this narrative continues today. IT WAS A TAKEOVER.** Many dysfunctional practices still continue and the active management of labour, controlling women's bodies, define the system and society's view of birth. Women and their bodies are still blamed for negative outcomes by a system that can't explain and doesn't understand its own failings, and doesn't want to change.

References used in narrative

- (2008) Romano AM, Lothian JA. Promoting, protecting, and supporting normal birth: a look at the evidence. J Obstet Gynecol Neonatal Nurs
- (2009) Gentle Birth, Gentle Mothering, Sarah Buckley
- (2021) Reclaiming Childbirth as a Rite of Passage - Dr Rachel Reed
- (1972) Witches, Midwives and Nurses - Barbara Ehrenreich and Deirdre English
- (2002) [Has the medicalisation of childbirth gone too far?](#), Johanson et al. BMJ Journal 324
- (2011) Summary of Dr. Buckleys work www.aims.org.uk/journal/item/undisturbed-birth
[International Museum of Surgical Sciences](#)
- .

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