Birth, she is dying. This primal and unspeakably powerful initiation, the only road to motherhood for our ancestors, has been stripped of her dignity and purpose in our times. Birth has become a dangerous medical disease to be treated with escalating levels, and types, of technological interventions.

What is worse, perhaps, is that the ecstasy of Birth—literally, her capacity to take us outside (ec) our usual state (stasis)—has been forgotten, and we are entering the sacred domain of motherhood post-operatively, even post-traumatically, rather than transformationally.

These deviations from the natural order, whose lore is genetically encoded in our bodies, have enormous repercussions.
We live in a society where new mothers have unprecedented levels of distress and depression, and where our babies, with their colic, reflux, and sleep problems, are also having their distress medically treated. We live in a society where depression and anxiety are among the largest burdens of disease worldwide, according to the World Health Organization, and children as young as 4 are being diagnosed with these conditions. It’s a society where young people, at the prime of their lives, are choosing in large numbers to opt out with mind-altering drugs, or to opt out permanently through suicide.

More than this, we have set ourselves as a species on the road to self-destruction through our despoiling of our collective mother, the Earth. The havoc that we wreak through waste and greed has many parallels with our treatment of mothers and babies, and of our primal environment—our mothers’ wombs.

And just as we have pitted ourselves against the Earth, forgetting that we are interdependent, so too have we begun to pit the rights of the baby against the rights of the mother, imagining a separation, a competition that does not and cannot exist.

The wounds of Birth and of the Earth are severe but, in words attributed to the Greek goddess Hygieia, “The wound reveals the cure.” My belief is that we are suffering in birth from lack of passion, of love, and of surrender, and from a misunderstanding of our own power. I believe that these qualities can provide us with a way of healing Birth and, at the same time, healing the Earth.

**Passion**

We all began our lives in a passionate act. Our human bodies crave the intensity and pleasure that sex brings, and many cultures have recognized the capacity for healing that is inherent in the sexual act. Why is sex so powerful? As well as giving us the potential to create new life—the
ultimate power—sex involves peak experiences, and peak hormone levels, of love, pleasure, excitement and tenderness. These hormones (our bodies’ chemical messengers) and their actions are exactly the same as those of birth.

In other words, giving birth is, inherently and hormonally, a passionate and sexual act. From the perspective of hormone levels in both mothers and babies, we could say that birth is the most passionate experience that we will ever have.

Oxytocin, the hormone of love, builds up during labor, reaching peak levels at the moment of birth and creating loving, altruistic feelings between mother and baby. Endorphins, hormones of pleasure and transcendence, also peak at birth, as well as the fight-or-flight hormones adrenaline and noradrenaline (epinephrine and norepinephrine). These fight-or-flight hormones protect the baby from lack of oxygen in the final stages of birth and ensure that mother and baby are both wide-eyed and excited at first contact. Prolactin, the mothering hormone, helps us to surrender to our babies, giving us the most tender of maternal feelings as our reward.

But these passionate hormones are not just feel-good add-ons. They actually orchestrate the physical processes of birth (and sexual activity) and enhance efficiency, safety and ease for both mother and baby. This hormonal cocktail also rewards birthing mothers with the experience of ecstasy and fulfillment, making us want to give birth again and again. All mammals share virtually the same hormonal crescendo at birth. This is a necessary prerequisite for mothering in most species, switching on instinctive maternal behavior.

Birthing passionately does not necessarily mean birthing painlessly (although this may happen for some women). Giving birth is a huge event, emotionally and physically, and will make demands on the body equivalent to, for example, running a marathon. But when a woman feels confident in her body, well supported, and able to express herself without inhibition, the pain that she may feel can become easily bearable and just one part of the process. She can then respond instinctively with her own resources, including her most basic and accessible tools: breath, sound and movement.

The problem in our times is that the passion of birth is neither recognized nor accommodated. Birth has become a dispassionate medical event, usually occurring in a setting that discourages emotional expression. If we are to reclaim our birthing passion, we must give ourselves permission to birth passionately, and we must choose our birth setting and birth attendants with this in mind. It is likely that birth in these circumstances will be easier, helping us to step into
new motherhood gently and gracefully.

Passion is, to my mind, an opposite of and an antidote to despair and depression. This is clear physiologically and hormonally. If we give birth and are born in passion, how different would our primal emotional imprint be? And what about our brain chemistry, which is being set even as we are born? Some studies have linked exposure to drugs and procedures at birth with an increased risk of drug addiction, suicide and anti-social behavior in later life. Other commentators have suggested that contemporary problems such as learning disorders and ADHD may also be linked to drugs and interventions at birth.

As a birthing mother I have both witnessed and experienced the enormous passion that can be unleashed at birth, and that can fuel both passionate motherhood and a lifetime’s work on behalf of mothers, babies and the Earth. Can we afford, as a species, to be born and to give birth dispassionately?

Love

Passion and love are as powerful a combination at birth as they are in sexual activity. In birth, as in sex, we release oxytocin, the hormone of love, in huge quantities. Here again, our hormones are directing us toward optimal and ecstatic experiences, yet this system is also extremely vulnerable to interference. For example, a laboring woman’s production of oxytocin is drastically reduced by the use of epidural pain relief—this is the reason why epidurals prolong labor. And even when an epidural has worn off, her oxytocin peak, which causes the powerful final contractions that are designed to birth her baby quickly and easily, will still be significantly lessened, and she will be more likely to have her baby pulled out with forceps as a result.

The drug Syntocinon (Pitocin), which has been called the most abused drug in obstetrics, is also implicated. It is a synthetic form of the hormone oxytocin, and is used for induction and for augmentation (or acceleration) of labor. Large numbers of women giving birth in developed countries receive large doses of this drug in labor for one of these reasons. In Australia, for example, this figure approaches 50 percent.
When a laboring woman has Syntocinon administered by drip, for induction or augmentation, her body’s oxytocin receptors may lose their sensitivity and ability to respond to this hormone. We know that women in this situation are vulnerable to hemorrhage after birth, and even more Syntocinon becomes necessary to counter that risk.

We do not know, however, what the long-term consequences of interference with the oxytocin system may be for mothers and babies, and for their ongoing relationship.

I had a very powerful experience of oxytocin as the hormone of love while laboring with my fourth baby, Maia Rose. As the waves of labor strengthened, I found myself looking into the eyes of my beloved, telling him, “I love you, I love you, I love you…” as each wave of labor washed over me. This ecstatic experience created more love in my heart, in our relationship and in our family. It taught me, in a very physical way, that giving birth is also making love.

Surrender

Surrender is not a popular virtue. In fact, surrender is often seen as a weakness in our culture, where we are instead encouraged to be active and in control of our lives. This very yang, masculine attitude may serve us in some circumstances, but we cannot birth our babies through sheer force of will. We need to learn the more subtle—yet equally powerful—path of surrender.

I sense that, for modern women, difficulty with surrender can reflect a lack of confidence in our bodies. This is not surprising when our society is distrustful of the natural order in general, and women’s bodies in particular. This view is further reinforced by the obstetric model, with its long lists of everything that can possibly go wrong with our birthing bodies, and its myriad of technological fixes designed to rescue us from these exaggerated dangers.
Along with this forgetting of the awesome but natural power of our female bodies, we have also lost our birthing patrons: the goddesses and saints who have, for millennia, guided women through this transition, where the veil between life and death is at its thinnest. Today, this guidance is available to us, when and if we need it, in the living form of a midwife: a woman who has pledged to be with (mid) women (wyfe) in birth. A good midwife can remind us by her presence that we carry genetically the birthing successes of all our foremothers and that we know already how to give birth.

As midwife and author Jeannine Parvati Baker reminds us, giving birth is women’s spiritual practice, requiring “purity in strength, flexibility, health, concentration, surrender and faith.” It has also been said that to be consciously present at birth is equivalent to seven years of meditation. When we birth consciously, putting our great rational mind on hold, and allowing our instinctive nature to dominate, we can access the wisdom that all spiritual traditions teach: that the ego is our servant, not our mistress, and that our path to ecstasy and enlightenment involves surrendering our egoic notions of control. This level of surrender will also serve us well through our many years of motherhood.

When we surrender conscious control, we also allow our deeper innate rhythms to surface. This can be a profound experience for a birthing woman. In allowing her labor to go at its own pace, without hurry or interference, a woman learns to trust her own natural rhythms, and those of her baby. Such trust is another gift—another way that Mother Nature ensures optimal mothering and maximum survival for our young.

In surrendering to birth, we also learn about our role on the Earth: We are neither the rulers nor the architects of creation. Life comes through us, simply and gracefully, when we allow it.

**Power**

It is easy to say that our problems in birth stem from the excessive power of the medical system and its agents, and a lack of power for the birthing woman. However, a deeper analysis is necessary, I believe, because the time has come to dispel this idea of a power imbalance and to assert our innate authority in birthing.
We live in a culture that prizes, and puts its faith in, technology. We reward those, such as doctors, who are masters of technology, and, indeed, we are fortunate to have their skills available to us when we need them. And even though we may want less technology in birth, we are witnessing more and more litigation against obstetricians, almost all of which blames them for not using enough technology.

Along with technology, we also prize information. In pregnancy and birth, becoming informed is equated with being responsible, both of which are strongly encouraged culturally. Yet there is also a price to pay. We may have all of the information in the world, but we cannot predict our experiences in birth. And we diminish our own authority in birthing and in mothering—we disempower ourselves—when we put more faith in information from the outside (tests, scans, others’ opinions) than our own internal knowing of our bodies and our babies.

The truth is that our babies are constantly informing us of their needs and desires, and how we can best care for them. This is a physiological reality—the baby’s placenta is in constant communication with our bodies, transferring blood and nutrients and generating the placental hormones, which organize our bodies and our psyches for the optimal and specific mothering that this baby requires. In the same way, our cravings, yearnings, dreams and inclinations in pregnancy can be communications from our babies, showing us the deeper ways of knowing that are richer and more true, even if less numerical or detailed, than information from the outside, such as medical tests.

In fact, from the very beginning, when we first suspect that we are creating new life in our womb, we can use this ancient system and allow our bodies, rather than a pregnancy test, to inform us. Often the truth will unfold gradually, allowing us the space to learn and adapt at our own pace, and giving us opportunities for reflection and dreaming.

When we choose this traditional women’s path, the path of all our foremothers, we can both discover and reinforce an inalienable trust and power in ourselves and in our female bodies. This deep faith is the best preparation possible for birth. It is also, to my mind, the basis of true responsibility: We are able to respond with our own truth. We also become able to use the medical system, if we choose, without giving away our power.

Beyond this, when we tap into women’s ways of knowing we can open channels of communication with our babies, enhancing the psychic powers of communication that Mother Nature intends for mothers of all species. Mothering can become a meditation, a deep
mindfulness that is satisfying spiritually as well as physically and emotionally. Again, I believe that this is nature’s intent, and a possibility for all of us.

How would it be to live in a society where we are all, through giving birth or being born, in possession of our own power and our own deep knowing? Where science and technology are our tools, rather than our masters? How differently would we treat our babies? How differently would we treat each other? How differently would we treat the Earth?

Birth is dying, but, like cells in her body, we each have the power to enliven her and to resurrect her in all her glory. What is needed, I believe, is the collective passion, love, surrender and power that we pour into the ether as we birth our babies.

And in healing birth, we will heal ourselves, our babies and the Earth.

This article appeared in *Pathways to Family Wellness* magazine, Issue #40.
Healing Birth, Healing the Earth

Written by Sarah J. Buckley, M.D.
Sunday, 01 December 2013 00:00 - Last Updated Wednesday, 18 March 2015 10:08

View Author Bio

To purchase this issue, Order Here.