The way that people go through birth—whether it’s the mother, the baby, or the father—there is a separating ritual. And that’s exactly what shouldn’t be done with mammals. Mammals need connection. That’s the definition of a mammal, no matter what species of mammal: There’s a newborn that needs Mama, and needs her for an extended time, whether in arms, or on the
hoof in herds. Mammals are all about connection, and we're the only ones who've turned and created rituals of separation at birth. The United States has led the world in this way, with some countries, say, in Latin America, that took it to a greater extreme, where in some hospitals the C-section rate is 95 percent. This has such a deep, deep set of effects that reverberate throughout the culture.

Essentially there is a disrespect of the creative power of the female. And if there's a disrespect of the female, then everybody becomes infected and flooded with fear hormones. That means up goes distrust, up goes violence, up goes psychological, emotional, spiritual pain. We have become cut off from nature, from Mother Earth. Absolutely cut off. And what is the result then? We destroy that which nourishes and we hold indigenous peoples in contempt as we continue to desecrate and devour the planet. Some have gone so far as to think that if we surpass ourselves scientifically, we'll find another planet to desecrate. Oh yeah, right! It's so obvious that there's something wrong with this type of thinking, and that's what the counterculture in the late '60s was revolting against. It was hopeful for a time, because we saw we were shaking the timbers of the very culture, and at the same time we were learning all the ways we could resist. But it's not easy to get a real paradigm shift.

I think I've always known it was going to take more than one generation to discover a new culture. The real trick is to pass it on to that next generation without them turning around at us and revolting and snapping right back into the mode we were reacting to. We were trying, consciously, not just to be reactive, but to create something that could be sustained. And I didn't see any way that we could do that without respecting and learning from cultures such as the Native Americans, who taught, “Don’t take any action unless you’re thinking seven generations into the future.”

C-sections' Damaging Consequences

A cesarean section has the potential of making the next pregnancy quite a bit more dangerous, because it creates a scar on the uterus. What's the problem there? Well, the placenta could plant itself right over that scar. And if that scar isn't completely healed through all three layers of muscle tissue, and the placenta puts itself there, then there’s going to be a heavy bleed at the minimum in the next pregnancy because the placenta won't be able to release itself in the normal physiological way.
Other things can happen. While the surgeons are in there, it's not too hard to nick the uterine artery. The woman could lose her life right there on the table shortly thereafter. It's also not that hard to nick a bowel, causing peritonitis. And a nicked bowel can actually kill a mother within a few days if it's not detected and treated with heavy antibiotics and another surgery rather quickly.

What else? Well, anytime that you have an abdominal surgery, it's major! Just because a C-section is marketed to say it's like a laparoscopy, it isn't. A laparoscopy is minimally invasive, but this is an incision right in the abdominal cavity. Even if it's set up the best way by the most careful doctor, there can still be lots of scarring, especially for some people who have a tendency to form keloid scars, where the scar just keeps growing. If there isn't some sort of preventive way of breaking up those adhesions, they keep growing and attach to organs that are meant to slip and slide nicely against each other. That's called bowel adhesions—abdominal adhesions—and it can happen after any abdominal surgery. I've seen lots of adhesions after just one C-section that I know was very carefully repaired. How can one know going into it whether they have the tendency to develop all this scar tissue?

As for the baby. The baby doesn't get nicely squeezed. We're meant to come through the mother's birth-canal opening. That's nature's plan. It's worked out over hundreds of thousands of years and it works well. And now they're learning to colonize the baby with the bacteria that they would have gotten if they came out the way that nature meant. They're learning that these babies that are born cesarean, who are more susceptible to illness, benefit by a little swab of what they would have gotten if they had been born vaginally. But what they miss is the squeezing of the lungs as the baby comes down the birth canal. Now the baby gets all this fluid, because the lungs of the newborn baby in the uterus are like a wet sponge that's meant to get squeezed out. So the cesarean-born baby is much more likely to end up in the intensive care unit, needing respiratory therapy, because they've got these wet lungs.

The other thing is that the babies look so surprised. There's a shock. They almost know that it shouldn't be that way, except when the surgeon is wise enough to know to talk to the baby a little. I think some babies know that they need to be born by cesarean section, and that's not so bad.

But the part that bothers me often is to watch how their heads are pulled, because there isn't the force of the uterus pushing them out. Nature's way is actually superior in almost every case, because you've got the force of the uterus, which is the strongest muscle in the body, actually propelling the baby, pushing them out into the world. They're not pulled into the world by the head. It's just as possible to mess up a vaginal birth, too, by pulling and wrenching rather than
letting the uterus, or gravity, do the job. But when we pull and tug on the head, that’s when the people with chiropractic skills and cranial sacral skills have to fix the damage that can happen from that.

One other consequence of having so many cesareans is that the obstetric profession has lost the skills that it had 40 years ago, because many doctors today, and many labor delivery nurses, have never seen an unmedicated woman in labor. They’ve never been there. These doctors have never seen a breech birth, not even on a film or video. And that means when there’s one that’s undiagnosed and coming at them suddenly, they may be in such a panic because their brain can’t register that this woman and baby aren’t in danger, and to just let them come. Rather, they shove the baby back in and do a panic C-section. I can’t stand the loss of manual skills that I’ve witnessed over the last 30 or 40 years. Doctors 40 years ago knew things that are no longer part of the medical education. It’s just absurd how we’re dumbing ourselves down to that extent. And we’re spreading this deliberate creation ignorance that is just appalling.

But we can still reverse it. I think we must; it just has to be taught again. And it doesn’t have to just be learned on live people. There are well-designed models, pelvic models with a doll that behaves like a real baby and a real mother so we would learn those beautiful manual skills of how to help a breech baby on the rare occasion when one actually needs a little manipulation, because the arms might be caught in ways that can keep the baby from descending on its own. Sometimes the baby needs to be helped to roll, and there are various ways to hold the baby that will not hurt it, and there are ways to get the head out without breaking the child’s neck. But it’s just extraordinary how the know-nothings are ruling now.

The Witch-Hunt Mentality…

The whole witch-hunt mentality is something I really didn’t understand until the early ’80s, when a couple of German midwives at the Farm Midwifery Center asked, “Ina May, do you know anything about the great European witch hunt?”

And I thought, “Well I’ve read some European history, but come to think of it…no.” I checked it out, and found that midwives actually were the chief victims. It made my blood run cold. I couldn’t even speak about it, it was so scary.
So I studied it. Any time I would get on a campus I would go to the women’s study section of the bookstore and I would start reading this stuff. It was a form of madness, where the midwife was made the scapegoat. Some people made the interpretation that men just hate women. But I know a lot of men who don’t hate women. I just think it must have been a time when there was a great amount of fear. Putting things together, I think it had a lot to do with stopping the peasant knowledge, the folk knowledge, of birth control.

The ironic thing is that it was Europe that kept the profession of midwifery, and here in North America we are the ones who obliterated it and took it right out of people’s minds. And then the counterculture brought back midwifery, which had been suppressed since the early part of the 20th century. As midwives started to reappear on the scene, plenty of doctors were happy to help us, and thought it made sense for women to be with other women. And there were a great number of people seeking midwives because hospital care had gotten so brutal in what I’ll call the “forceps era” in the first half of the 20th century.

The forceps were the tool that enabled doctors to convince men that they would save their wives from a long labor. It was the device, more than anything, that helped men get into the birth chamber. You can impress a man with forceps, right? This is our secret tool.

Well, if people didn’t have a respect for midwifery they wouldn’t know, coming up on their first baby, that that old lady down the block knows a lot more, and that there’s no need for forceps. She knows the pelvis can move. She knows that a woman on her back is not a woman who’s going to have the easy way of getting her baby out. She knows the need to turn over, to get integrated, to get like an animal. Well, that didn’t fit into Western thought the way it was going. We were all excited about machines, tools, modern progress and so on. That old lady seemed like the past. In fact, they were putting old ladies who were expert at their work in prison—in Massachusetts, for instance. They had lower death rates than the doctors in town, who were seeking to take them out. Only here in the U.S. did the medical profession get the idea to wipe out the midwife in order to get more business. So that went on, and we made a big dent in that kind of thinking in the late ’60s and ’70s. And then came the epidural. And the epidural was just what the doctor ordered. Now they could advertise being awake and away.

Cut Off

If I could have put the videos that I was showing to young medical students in the late ’70s and
early '80s on mainstream television, we wouldn’t have C-section rates like we do. People would have seen women who were exhilarated by the energy of birth, who learned how to get up and ride it the way a surfer will ride waves and who were in harmony with natural forces which is the power that labor brings. I mean, the strongest muscle in the body says, “OK, time to go, child. You’re going out into the world, and this is how we do it.”

And if the mother says, “No no no no,” well, then, she’s resisting it. But if she says, “Yeah yeah yeah,” there’s such a difference. People don’t realize how different that is. When they’re going along with it, it’s an exciting adventure. I can see it in women’s eyes when they go, “Wow!” Sometimes they’ll actually say, “This is fun!” I mean, people seek adventure by skiing, hang gliding, all kinds of things that are way more dangerous than birth, and they have no idea that birth offers a great adventure of exploration that turns out to be extremely enriching and really prepares for parenthood.

I sometimes see people who love each other’s minds; I’ll see a couple that’s connected intellectually. And then birth will bring them totally together, physically and emotionally, because he’ll recognize, “Wow I didn’t know you could do that,” or “Wow, I’m going to be sure how you grip my hand next time because you almost broke my fingers.”

He’ll be so amazed by the power and energy that comes from the woman. We don’t have words in our language that adequately express that energy. And when they go through that, and have a midwife that sits in the room reminding them that they’re doing great and that it’s supposed to look just like it does, sometimes they’ll ask, “Has it been a long time?” The midwife will reassure them, “Mine took two days more…”

“Can we go for a walk? Can we eat?” And we’ll say, “Sure! What would you like to eat? Do you want to cook, or should I?” It just becomes like part of the day, or night.

And then, sometime into it, an understanding emerges with that couple: “Oh we’re actually Nature! We’re actually part of nature! We’re not separate.”

And that is such an important understanding. When couples go through that with their baby, they start to share the same consciousness, and there’s this euphoria that binds them together in the most solid ways. Even if that couple later came apart, they wouldn’t totally be apart,
because they'll continue to share and treasure that.


Pleasure Bonds

The first birth I saw was an ecstatic birth in the '70s. That was such a gift that I got to see in that little school bus, 45 years ago. And I went, Wow! I didn't know birth could be that good. That woman was…she was so radiant, so beautiful, and I was transfixed by her beauty. I had thought birth might be a little bit disturbing, but instead I saw the most beautiful unfolding of nature that I could have imagined. The closest I'd gotten to birth before that was seeing a turtle lay some eggs on the coastline of Malaysia in the mid '60s. And it seemed easier for that woman to have her mammal baby than it was for a turtle to lay a hundred eggs. All she needed was some - one there to look at her eyes, and she was gorgeous. So that was a gift, experiencing that euphoria. It was a contact high that was unbelievable.

And we didn’t know in the early '70s what hormones were. I mean, we knew what adrenaline was, but oxytocin or beta-endorphin, nobody knew what those were yet. That research was going on simultaneously through the '70s in Sweden and so forth. But I learned, when paying attention to women and observing what works for them in labor, how to help the mother’s attitude, because we don’t want to have any negative attitudes. That’s another way of saying we don’t want adrenaline, catecholamines, norepinephrine or any of those. We want the calming hormones. We’re 70 percent liquid. We can be hard as a rock if we’re really toned up, but when we sleep, or if our muscles are relaxed, we will jiggle like jelly. And we want everything below the waist to be like jelly. How do we get there? We have to be calm. We can’t be scared.

So I would develop all these little tricks of how to get there. One time it was telling a woman and her husband, who were rigid with fear, to kiss. I was afraid she would tear, because the baby was going to come anyway, so I said, “Why don’t you kiss him?” So she turned to him and he did the same and they pecked each other on the lips. And I thought, “Oh my God, they don’t know how to kiss!” I had to instruct her for the next one.
“Open your mouth.” She opened her mouth, and ah, she let go. It was the first time she ever kissed him that way, turns out, and it fixed their marriage. But not only did it fix their marriage, it got her biggest baby, so far, out without a tear.

I had to take it apart later and ask, “Why does that work?” Well it was a good kiss, so the blood left the brain and went where it was needed. That is what the counter-culture brought—it put the sexuality back in birth.

A Wealth of Experience

My partners and I, together, have assisted some 2,700 births since that first birth I saw in the parking lot in November, 1970. And I have to count from that first birth, because I have no way of saying at what point I became a midwife. I don’t think anybody can answer that question adequately.

We did a birth in the south Bronx, in the late ’70s—this was the neighborhood of Fort Apache that white people were supposed to be terrified of. We had a free ambulance service there; it won awards from the city because we entered an area that wasn’t being served because of fear. And there were lots of drunks and fights and breaking glass and loud voices and argumentative stuff, but whenever somebody was in labor this calm pervaded the neighborhood. It wasn’t that people knew someone was giving birth. Just...calming energy was somehow broadcast in ways that we’re not used to thinking of. In Western culture we forget the ways we’re connected.

The first inkling I got about this kind of energy in birth was a story told to me by a friend who, after having had a traumatic hospital birth, was going to have baby number two at home. So she found a friend who was a maternity nurse who would act as a midwife. She described the birth: The labor was painless, and after the baby was born, holding the baby in her arms, she looked out the window and the neighbors’ cows were looking in. Now, cows don’t ordinarily do that, OK? They’re not that interested in what we’re doing in our homes. They’re usually out there eating grass. And here they were, drawn to the energy of birth.

Sometimes wild animals out of the forest will come and they will exhibit behavior we never saw before. We had a snake trying to come into the room—not a poisonous snake, but a six-foot-long black snake—trying to come in through the window once. I know of a case where
a fox entered the room where there was an open door. Foxes are terrified of people ordinarily, but when there’s a birth going on they feel that calm energy established and they’re not afraid; there’s just that sense that they’re helping.

And then it occurred to me: People are supposed to worship a woman in labor and treat her like a goddess. What would anyone do for a goddess? They would please her. They would serve her. They would praise her. And if we did all those things, her hormones would be just right. She would have plenty of oxytocin, she would have plenty of beta-endorphins, and she could have an utterly painless, euphoric, and perhaps orgasmic experience.

Wisdom vs. Textbook Knowledge

So much wisdom can be lost in one generation. Who knows how long it took to accumulate? There was a C-section that happened in November 2008 in North Carolina that had the involvement of seven different obstetricians, and not one of them realized that this woman wasn’t even pregnant. A C-section, mind you!

How did that happen? Well, they had all the modern tests: They had the pregnancy test, they used the ultrasound. But, apparently, if anyone laid their hand on the woman’s belly, they didn’t know how to tell accumulated poop from a baby. Accumulated poop does not arrange itself as a baby does, and there is such a thing as a false positive pregnancy. When I tell people from Europe this story, they cannot believe that we could have reached that stunning state of ignorance where this could happen, and yet we’ve done it. We’ve shown the world that that can happen. And that’s just one anecdote.

This ignorance can cost lives. There are so many doctors today who would be terrified if they saw a baby’s feet, and who would prompt for immediate surgery. I say to them, “Get out of the room and let somebody calm be there.” And whoop, that baby’d come out! It could be the easiest birth ever. It would be good in case the arms were up if there were somebody there who knew how to lay their hands gently on the baby and have the baby roll just a little bit. It would be so much easier, and now the mother wouldn’t have to recover from a major abdominal injury.

What I think so many people forget about surgery is how much surgeons depend on the wisdom
of Nature. They make a deliberate injury and then rely on Nature to heal it. If we can trust Nature that far, couldn’t we trust that same Nature to deliver the baby? But we’ve got to do it in calm. We can’t have fear hormones in the room. That means the mother’s fear hormones can’t be activated, and neither should anybody’s in her immediate area. But the hospital experience destroys all of that. There’s no magic in the hospital setting. It’s meat-factory stuff.

It’s the height of arrogance when anthropologists today say that the price of having our brain is that we can’t give birth. We can get to be such dumbheads when we get this academic arrogance that our culture is fraught with. And on top of that, there’s so much revulsion of the body that comes from Western culture. We need to remember that birth can be a deepening of a relationship; a wonderful adventure into the body and the soul— an adventure of life! Remember that we’re not only connected with Nature, we are Nature, and we are part of a wondrous design.

In the U.S. and the U.K., as well as in many other countries around the world, caesarean section rates are rising. Some of this rise can surely be attributed to the fact that maternity ward policy at many hospitals is more likely now than before to call for induction or augmentation than to send a woman home to await the eventual onset of labor. The higher incidence of C-sections after a failed induction or augmentation of labor is well documented.

How would hospitals and maternity clinics differ if the true physiology of laboring women were understood and taken into account? I believe that they would be organized in much the way that Michel Odent outlined in his early book Birth Reborn. Women would give birth in quiet, dimly lit rooms furnished simply with mats on the floor and a good-size tub of water. There might be ropes or ladders attached to the wall for the laboring woman to pull on. And if there is a bed in the room, it is a double bed large enough to accommodate her and her partner. If a caregiver who has not been in the room needs to check on the woman’s progress, she or he would knock on the door and enter quietly enough to not destroy the mood and the atmosphere in the room.

What I have described is the best way to reduce the occurrence of intervention in modern, high-tech hospitals. I am sure that redesigning hospital maternity wards and altering maternity-care policies with the goal of preventing intervention would significantly lower current rates of unnecessary C-section for “failed” labor. How good it would be to see hospitals do this during my lifetime!