

Birth in Peace

Written by Ina May Gaskin, M.A., C.P.M.

Sunday, 01 December 2019 00:00 - Last Updated Tuesday, 30 June 2020 07:38

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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,

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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 red.

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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

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