BIRTH: BACK TO BASICS

In this British *Listener* article Ann Paul, producer of the programme *Birth Reborn* which can be seen on Friday, describes her experiences in filming it. Staff writer Pauline Ray reports on the childbirth situation in New Zealand.

IT ALL BEGAN when I hurried to Oxford one weekend in December to meet a French doctor: a man about whom I knew very little, except that he was creating something of a revolution in obstetrics in a state hospital in a small town in northern France. He was coming to Oxford to run a natural childbirth workshop and I went along to find out more.

It was a remarkable experience to sit in an overcrowded, stuffy room in the French Institute on the Friday night, and again the following day in one of the University College rooms — in even more cramped circumstances — to be part of an audience captivated and electrified by the simple philosophy of a Frenchman, Dr Michel Odent.

He began by telling us that birth is a sexual experience, that our sexual, intellectual and emotional life is part of a whole — "The right place to give birth would be the right place to make love." Even as he talked I felt an instinctive recognition of his ideas and philosophy, and I also knew that it was for me deeply important to go to his hospital in Pithiviers and see his philosophy in practice.

I set about making plans to film a documentary in Odent's maternity unit and organising the team. I had been lent a video-recording of an earlier film made at Pithiviers by a German television company and it seemed sensible to show this to the cameraman before he committed himself to the story. Several cameramen turned a paler shade of white and quietly disqualified themselves from the job, until finally a hardened Scot, who claimed to be "unsentimental", turned up to watch the film, and he felt, as I did, a strong sense of commitment to the story.

One month later I was in Pithiviers with a film crew. We stood together and witnessed our first natural birth through a small glass window of a door leading into the birthing-room and tears unashamedly flowed down our faces. The room was softly lit and very warm, there was no furniture, only a large platform scattered with cushions — and a sheet on the floor. In the room a young naked woman was being supported under the arms by her husband while Odent and a midwife stood by and whispered encouragement — the baby was very nearly there.

It was a scene of almost shocking intimacy and when the baby arrived we felt the need to move away and not intrude, even with our eyes, on a profoundly personal experience. Indeed, this feeling of intrusion on privacy was later to prove to be the hardest part of making the film.

In the mid-60s I gave birth to my own children in a nursing home in Wolverhampton — I wasn't "allowed" to have them at home and the hospital turned me away because they had a shortage of maternity beds. The details of my experience of giving birth are unremarkable except for two things: when we arrived at the nursing home my husband was refused admittance; he was told to go away. Despite his firm refusal to the nursing staff, he finally did leave when we both realised this was a rule that had never yet been broken and that I was already being classified as a "difficult" patient. I was also made to lie down, even though for me it was the most uncomfortable position. My second baby was a long and painful labour during which I was left alone in a cold, white room on a narrow bed, drugged with pethidine. Instructed to "be quiet", I ended up falling onto the floor, where I lay for some time until someone found me.

Even now, a nightmare memory of drugged pain and an atmosphere of cold indifference haunts me. It was with deep anger that I discovered that my own experience was not an isolated one, that many women were, and still are, unhappy about the con-

ditions in which they gave birth.

So it was with joy that I listened to Michel Odent discussing his deeply-felt beliefs that women should dictate how they give birth by responding to their own primitive instincts, and take control over their bodies by finding a way to deliver that is natural for them, whether it is standing, squatting or kneeling in water. Last year only two out of 1012 mothers chose to have their babies lying down. Odent says lying down is the single most dangerous and difficult position during labour. He pointed out that it is unnatural for women to give birth lying down, and the horizontal labour only became a fashion in the 17th century when Louis XIV insisted on an unimpeded view of his mistress giving birth. Another of his innovations was to replace the midwife with a male doctor. This royal whim grew into an orthodoxy that is still embraced by most modern obstetricians.

The role of the midwife has been steadily diminished as birth has been increasingly seen as a medical problem, a special kind of illness, to be dealt with in hospitals by doctors — who are virtually all male. The midwife has found her ancient craft undervalued and neglected. These days, she is a kind of sub-nurse, who refers at all times to the doctor and hands her expectant mother over to him at the crucial moment. One of the most heartening elements of the Pithiviers way of doing things is that this trend is reversed. Six midwives work in teams of two, 48 hours at a stretch, so that they can follow a birth from the time the mother is admitted to the time she returns, with her baby, to her room.

Many mothers paid eloquent tribute to the tact, warmth and sheer good sense of these women, and it was visible to us as outsiders that from the moment a couple arrived they felt "in good hands", cared for, not unnecessarily fussed over, their emotions nurtured and understood. As far as the midwives themselves are concerned, one of them told us that by the end of her 48-hour stint, she needed every bit of her four days off. "You are drained," she said, "but each time you emerge into the world you feel you've been involved in something terribly important." She freely admits she would have given up midwifery in disgust long ago were it not for Odent.

If you choose to have your baby in Odent's unit at Pithiviers, you will also accept that, however painful the labour and delivery, you will not be given any painkillers. They are never used. Instead, the woman in labour relies on the secretion of her own natural hormones, endorphines, which reduce the pain and also give a sense of well-being. All the women I watched giving birth experienced this sense of well-being; they seemed ecstatic, as if on another level of consciousness.

At Pithiviers, birth is never artificially induced to conform with hospital convenience; the team waits patiently until the right moment has come. Their mission is to restore to women the ancient wisdom of giving birth and mothering, without drugs, without forceps and without separating the new-born baby from its mother.

It would, however, be erroneous to suggest that natural childbirth equates with painless childbirth, and I remember us all being deeply disturbed the first time we heard a woman in labour emitting terrifying shouts and yells which penetrated the corridors. That same mother told me later she had amazed herself by making so much noise; that she was in pain, but letting all her emotional feelings out had been a remarkable and fulfilling experience.

The amount of pain a woman may have to go through at Pithiviers is the single remaining uncertainty I have about the practice in this unit and it certainly gave me cause for thought. To an observer the pain seems both unreasonable and intolerable at times, yet in each case I was told by the mother afterwards that she was glad there had been no interference, no drugs used, even though she asked for them, and without exception the birth itself had been a mystical, spiritual event. Perhaps the greatest testimony of all is that many women have returned to this unit to have their second and third babies; they know that, above all, "birth without violence" means the experience of pleasure coming after suffering.

Risk is bound up with life and birth without any risk does not exist. But Odent's philosophy is supported with some remarkably impressive figures. His maternity unit, which has now been running for five years, has one of Europe's lowest infant-mortality rates. Caesareans are performed when necessary, although (at seven per cent) the rate at Pithiviers is extremely low, and post-natal depression is almost unknown.

We filmed scenes of unapproachable intimacy with trepidation and fear of voyeurism, but finally the experience was too profoundly important to involve any kind of voyeurism. We came to "observe" and ended up "sharing" in the celebration of love.

I am optimistic enough to believe that what is happening at Pithiviers, and in a few inspired practices elsewhere, will also be a catalyst for a radical rethink about modern obstetrics — that our children may yet have a choice about how they give birth.

BIRTH REBORN, Friday on ONE 10.00pm.

Phil Fogle

A birth at Centrepoint community, Auckland: the home-birth movement is growing.

Shrinking options?

CHILDBIRTH IS NOT a disease and should not be treated like one, says Dr Michel Odent.

"In most industrial countries, including France, modern medical advances are dictating childbirth methods in the interests of greater efficiency, and the real needs of the mother and child are lost sight of . . .

"If there is one moment a doctor is not really necessary, it is at a normal birth. Doctors and midwives should be around in the background to keep an eye on what is happening, but they should be as invisible as possible."

Odent was thus quoted in a 1977 *Listener* article, in an interview with Auckland journalists David and Penny Robie, then living in France. Penny gave birth to her second child in the Maternite des Lilas clinic in Paris, run on lines similar to Odent's birthing unit at Pithiviers, which they visited. She believes the only equivalent in New Zealand to an Odent birth would be to have a baby at home.

For there is no maternity unit in New Zealand which is similar to Odent's unit at Pithiviers. Doctors are *not* invisible at births in New Zealand and the official trend is towards fewer and larger base hospitals.

If there is an obstetrical debate in New Zealand among consumers, it is about "shrinking options". In recent years there has been a high rate of closure of cottage hospitals in cities, and small-town maternity hospitals are often fighting for their existence.

And while the home-birth movement is growing in New Zealand, the number of domiciliary midwives is shrinking. The last midwife attending home births in Wellington ceased practice earlier this year. A year ago there were eight midwives in Auckland. There are now only two.

Part of the reason for the lack of midwives is the low pay. A midwife receives $141 for a confinement and 14 post-natal visits.

Barbara Macfarlane, secretary of the Auckland branch of the Home Birth Association, says the association can't handle demand. She believes Auckland alone could support 25 midwives doing home births.

Dr Ruth Schell is a Te Aroha GP who has studied birthing centres overseas. She is interested in "woman-based obstetrics".

"The interest we have is to keep all alternatives viable . . . The safest place in the world is where women are happy."

She says most New Zealand women are "happiest" to give birth in a small peripheral unit.

"We have been brainwashed in the past decade that women should go to a base hospital. But base hospitals have a 15 per cent caesarean rate. Midwives in the United States have a two per cent caesarean rate. It looks like a different birth process."

Schell believes the hustle and bustle of a large hospital can affect a woman's labour.

"As soon as a woman is unsure or uncertain she shuts off her birthing hormones, and she gets into a long labour. There is no mechanical obstruction."

But staff at large city hospitals maintain that they are moving towards more flexibility and that if there are no contrary medical indications, women can give birth how they want. Wellington Hospital has a family unit, furnished with sofa and ordinary bed, where women can give birth surrounded by their family and then go straight home if they wish.

National Women's Hospital in Auckland has plans on the drawing board for a family birthing room. Dr Richard Fisher, acting medical superintendent at National Women's, says the room will have ordinary furnishings and tea and coffee making facilities.

"We have a site, a single room, and we are awaiting a carpenter."

Fisher said that the attitude at National Women's was that anyone with a normal pregnancy should have a normal birth.

"We try to be as flexible as possible. Given finance, we would be able to offer what most women want. There is nothing a million dollars would not solve.

"We feel we have got to give what we offer to people with abnormal births, before we spend money on the emotional and physical environment for normal people. Our priorities are for people with problems."