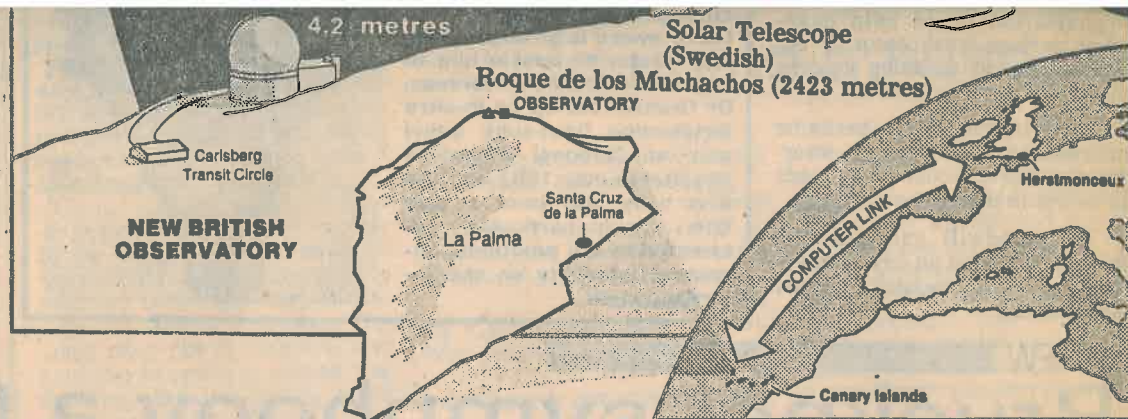


present information from the Starlink library can bring direct television pictures of the heavens seen by telescope.

In the 1950s and 1960s disenchanted optical astronomers from Britain joined the brain drain to the United States where American astronomers enjoyed pristine skies over the Western part of the country. The scientists remaining in Britain turned their war-time experience in radar and electronics to create the study of radio astronomy.

Now a new optimism has grown from the scientific op-



Birth a labour of love

By ROS DUNN

ANY WOMAN who gives birth in Western society quickly realises that what begins as a labour of love ends as a fairly impersonal experience.

She usually becomes a hospital patient, sucked into a world of medical sights, smells, sounds, routines and high tech.

Her labour may be induced by injection, she may be shaved and given an enema, she may be given drugs to control pain and constant advice about breathing through contractions. She lies on her back on a delivery table, legs spread, raised and often clasped in stirrups.

Most women accept these procedures as entirely normal, reassuring and acceptable. There is a huge sense of security to be gained from being surrounded by professional help — whether it comes from people or machines — and from knowing that everything is under control.

Now a French obstetrician has called into question the whole manner in which we deal with mother and infant during and after birth.

Dr Michel Odent is internationally known for his revolutionary work in the maternity unit of Pithiviers general hospital in the small town just south of Paris.

Dr Odent's work is based on a deceptively simple conviction: that a woman in childbirth is the best person to control her own labour. After 20 years' work at Pithiviers, he has come to the opinion that the best way for a woman to bear her child is to tune into her primitive instincts.

To achieve that end, he has divested labour of as many modern medical methods which might distract the mother from those instincts as possible.

Odent explains his pioneering approach to natural birth in hospital in *Birth Reborn*, a Souvenir Press publication.

He says he arrived at Pithiviers hospital in 1962, appointed as general surgeon in charge of all operations. Part of that work was caesarian sections in the tiny maternity unit.

"As time went on I became increasingly involved in life at the maternity unit," he says. "I found that the principles on which I based my surgical work — simplification and the elimination of useless procedures — could be applied to obstetrics as well.

"My past experiences as a practitioner had already led me to believe that time and patience are the most useful of allies and that active intervention should be used only sparingly and in special cases.

"With obstetrics as well as general surgery, I was convinced that keeping intrusive interference to a minimum creates fewer immediate risks."

That belief was to lead Odent into a new way of childbirth.

"My lack of actual training in obstetrics left me open to learning through experience. As we explored the reasons why we did things — Odent works with midwives — little by little changes took place.

"We became less dogmatic and began to experiment."

Gradually Odent came to be convinced that birth, far from being a "medical problem", was in fact an integral part of sexual and emotional life.

"Our recognition of birth as an emotional and sexual experience

led us to see ourselves at Pithiviers as a kind of medical back-up team whose task was to intervene as little as possible."

The result was a "decision to let women give birth to their children, to leave women free to labour as they wish".

Odent now encourages women to find their own positions for labour instinctively (they stand, kneel, position themselves on all fours), although he favours a supported squat for delivery.

To encourage women to try other birth positions, Odent replaced the old delivery room with an area stripped of hospital equipment and atmospherics.

Without bed or clock, the room contains a low cushioned platform, a birthing chair and stereo equipment.

"It is intimate, homelike and welcoming — very much in keeping with our belief that a place to give birth should be more like a place to make love than a hospital room."

It is, says Odent, "a place where a woman could do exactly what she likes, feel physically and emotionally free to act and move about as she wishes".

The one thing that Odent does not provide is the kind of help most pregnant women expect today — pain relief drugs.

When a woman books into his hospital, there is an implicit contract not to have drugs in normal labour but to receive everything he can give her to help her work with her body, rather than fighting or trying to escape from it.

This is because once drugs were introduced to the unit its entire atmosphere would change.

"Midwives who now give their

attention unreservedly to the woman would have to divide it between the woman and machines."

And because "we had often observed, without understanding the cause, that women seem to forget themselves and what is going on around them during the course of an unmedicated labour".

"Many women in labour undergo changes in their level of consciousness. They forget social conventions, lose self-consciousness and self-control.

"But they are far from being helpless. They act deliberately, spontaneously seeking and easily finding the positions that suit them best and that also turn out to be the most efficient physiologically."

Odent believes that this instinctive state is somehow connected with a particular hormonal balance and that to give women painkilling drugs and synthetic hormones during birth — common practice in modern hospitals — destroys the hormonal balance on which spontaneous labour depends.

Odent never induces labour or uses forceps and does not seek to prevent premature labour with hormonal injections. He rarely performs an episiotomy and tries desperately to avoid caesarian sections.

The statistics for this approach to birth are impressive. In 1982, out of a total of 980 births, there were no forceps deliveries, only 5.6 per cent of episiotomies, 6.9 per cent caesarians, 1.1 per cent of infants transferred for pediatric care, and 4.9 per cent vacuum extractions.

There was absolutely no intervention in 81.1 per cent of the births.