

# Kitzinger is a born natural

**S**HEILA KITZINGER'S first grandchild was born last year in a pool of water at her Cotswold home, attended by two midwives and Kitzinger herself.

Her daughter, Tess, swam about, dolphin-style, during the labour and floated around in the water clutching the waistband of her husband's jeans. It was a long labour — hardly surprising given that the baby was a hefty 4.8kg. But, as one would expect of a woman whose mother is at the forefront of the natural childbirth movement, birth was achieved with no medical intervention.

"It was really gorgeous," Kitzinger says. "We didn't have a doctor, and there was a lovely bond uniting all the women there."

No matter how gorgeous, water-birth is unlikely to be first choice for many women; most prefer to stay on dry land and the majority still opt to give birth in hospital rather than at home.

That's fine by Kitzinger. The author of the now classic *Pregnancy And Childbirth* (just re-released in New Zealand as *The New Pregnancy And Childbirth*), is often viewed as a natural-birth zealot who wants to see every woman giving birth at home, and stoically refusing any kind of pain relief.

In fact, she has no problems with children being born at hospital — "Good heavens, no," she exclaims in her clipped English accent — nor with the use of pain-killers or of other medical intervention when necessary.

"There's no one right way of giving birth," she says. "I would support a woman in what she wanted. I've had women who decided with their obstetricians that they wanted an epidural almost from their first pain, and if they come to my classes I ask them to play it by ear. I will try and help them with skills to help with the pain, and they can decide to have an epidural at a time that seems right to them."

What matters is a woman's right to make her own, informed, decisions about birth rather than having them thrust upon her by doctors. She talks not of natural childbirth — "No birth is natural, if you mean that it's unaffected by culture" — but of autonomous birth. Assertiveness training is an important part of her child-birth classes.

An imposing woman with a throaty laugh, Kitzinger's own four labours were enviably easy: the shortest was a mere 40 minutes — "I wanted to tuck the baby back inside again," she says — and she gave birth to twins in just 1½ hours.

By RUTH NICHOL

She clearly has no need of any assertiveness training and has for years been a spirited critic of the way in which male obstetricians have come to dominate birth. While they may justify their involvement on the grounds that it improves infant mortality rates, Kitzinger argues that the reduced mortality rate this century is largely the result of factors such as better nutrition, better education and better health.

"I think the contribution made by obstetrics is minimal. For babies at risk, babies born prematurely, it's the good neonatology which is important, the good pediatrics. It's obstetricians who hand over babies born too soon because they induced them or performed caesarian sections to get them out, and it's the neonatologists who have to pick up the problems."

Kitzinger traces the beginnings of the male takeover of birth back several centuries, to the time when male midwives were called in to crush or dismember babies to get them out during an obstructed labour.

"They have always been the technicians of childbirth, they came in with the instruments of one kind or another. They were the first to introduce forceps and they kept them secret for 100 years."

A lot of 20th century obstetric practice resulted from the experiences of male obstetricians working with women in charity homes and poor houses.

"They developed a great many interventions which then became an established part of maternity care, like shaving the perineum — they did it because these women had lice in their pubic hair. Then they just stayed, even though women no longer had lice."

Many modern hospitals have now abandoned practices such as routine shaving and enemas — a change Kitzinger attributes to women's refusal to accept them any longer.

"When I rewrote *Pregnancy And Childbirth* I found a great many things had changed, and also that women had found a voice and were speaking out, wanting a dialogue with their caregivers, and that makes a tremendous difference, that's the beginning of a revolution."

But what she calls the medical control of birth continues. She believes that a lot of modern obstetric intervention can actually cause complications which necessitate further intervention. For example, the use of the drug oxytocin to induce or speed up

labour can produce very powerful contractions which interfere with the blood flow to the uterus and cause fetal distress. That in turn makes a forceps delivery, with an accompanying episiotomy, more likely.

Even in normal labour the likelihood of an episiotomy is increased by the way in which the second stage is managed. Forcing women to hold their breath for long periods or making them push on command can lead to fluctuations in the baby's heart rate, making a rapid birth necessary — and thus an episiotomy.

However, it is important to remain realistic about the possibility of unforeseen complications. Kitzinger likens labour to setting off on a tramping expedition.

"You make provisions in case things are not straightforward and easy — perhaps the weather will change, for example. It's exactly the same in birth. You need contingency plans so that you know that if such and such a thing happens, your preference would be to do this. But you don't just give up and throw in the sponge and hand it all over to someone else."

That means thinking beforehand about what you want to do if something does go wrong. "It's very good to have a support person with you, usually your partner, who knows how you feel about these things. It's important to have discussed them together beforehand."

Even if an emergency caesarian is necessary, for example, a woman still has the right to ask if she can have an epidural rather than general anesthetic, so that she can at least witness the birth and touch the baby once it is born. If a general anesthetic is unavoidable, she can ask that her support person be allowed to welcome the baby for her.

Kitzinger is heartened by the changes which are occurring in many hospitals, but says that the battle is by no means over.

"A great many hospitals all over the world still put women on conveyer belts, and a great deal of institutional violence is done to women."

She has recently started a network of birth crisis counselors in Britain, similar to rape crisis counsellors, for women who have had bad births, and is currently carrying out research on the long-term impact that bad birth has on women. Initial results suggest that many feel violated by the experience.

"We've found that women are using the same language for rape as they do for childbirth in which they have been disempowered. They describe how they feel in very similar terms."