

ECOLOGIST

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Maternity Special

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How birth was hijacked

A special report



How birth was hijacked by Matilda Lee



So you want kids, do you? At the *Ecologist*, we're not going to preach about the impending population bomb, and the devastating impact it will have on scarce resources and the earth's changing climate. At least, not for now. No, we want to talk about the joys of having children. Becoming a parent is the beginning of the roller coaster ride of a lifetime. But when the thrill is gone, we're left with worry and white knuckles. Childbirth, one of life's most empowering experiences, has been hijacked. It's become institutionalised, ruled by technology, exiled from communities into hospitals and onto TV screens with scare-mongering pundits.

As we don't see it happening in our daily lives – around two per cent of births in England are home births - it is no longer part of our communities. This means that, especially for women, what we know about childbirth, before we experience it ourselves, is through stories. And

stories are primarily about fear. The fear of childbirth is invisible – but extremely contagious. As Pat Thomas argues in *Birth Uncut*, fear is a big factor behind the increasingly difficult, unsatisfying, births that have even led some women to forgo the natural experience in favour of major abdominal surgery, the elective caesarian operation.

Midwives, from time immemorial, have been the principal guides for women in childbirth. But their expertise and their role has been compromised in many industrialised countries. With the demise of traditional midwifery, we have the rise of medicalised birth. As we've lost our guides to childbirth, we have lost sight of the meaning of birth.

The *Ecologist* meets pioneering midwife Ina May Gaskin, who has helped thousands of women tap into their inner mammal. 'If chimpanzees can do it, so can we,' she says. The practical consequences of fear in childbirth are proven: instead of the love hormones that open up the body, oxytocin, we have adrenaline, which shuts down our natural processes. This leads to, for many, a cascade of interventions. Having the right hormones makes a huge difference in the kind of birth you have. This is what doctors don't tell you.

The fear extends far beyond childbirth. As breastfeeding women, we are shunned in public. Popular culture is top heavy, but once a woman *needs* to expose her breasts to feed an infant, she becomes a hooter hider. For one breastfeeding mum, Claire Jones-Hughes, enough was enough. After being accosted in a Brighton café, she got angry and organised a Breastfeeding Flash Mob. The *Ecologist* meets this revolutionary lactivist. The modern day myths of parenthood: from 'normal' life returning, to 'normal' child development, can be tyrannical. We want to 'Occupy Birth' and offer resources and advice – from how to find a neighbourhood midwife, to tips on drug-free labours.

Thank goodness for the technology that has enabled women to safely give birth in life-threatening situations. Caesarians do save lives, as Andrew Wasley argues. Yet, for the vast majority of us, technology has been a double-edged sword. It's the last resort that we have begun to consider as a must-have. In doing so, we have relinquished the belief in our ability to give birth without it. Giving birth for the first time, I was consumed by fear. Fear led me from a painful labour at home to screaming through a hospital corridor accompanied by heavies holding me down in a gurney. Yet I survived to have a second birth, this time at home. I'm still on a high from the experience, even though it was four years ago. There is nothing to fear about childbirth. And we have everything to lose in giving in to it.

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Birth Uncut

Tested, assessed and treated as patients rather than mothers-to-be, it's no wonder women are afraid of giving birth says **Pat Thomas**



Has the entire pregnancy and birth business become overly medicalised?

A healthy woman walks into her doctor's office. She says 'Doctor, I'd like to have major abdominal surgery, please.' In most medical settings a doctor would balk at the idea and be very clear about the ethics of cutting open a healthy body for no good reason. But this woman is pregnant and so the doctor agrees it's probably for the best.

What both the woman and the doctor have in common is they make their decisions in a ***culture of fear***.

Caesareans on demand and for no medical reason are still quite rare – according to recent figures in the region of ***1.7 per cent of all births in the UK***. In the US the rate is around 2.5 per cent.

But the figures are rising and are symbolic of an increasingly utilitarian and technocratic approach to birth which has seen rates of interventions in labour – everything from drugs to speed it up, to instrumental (forceps and vacuum extraction) deliveries, to caesarean operations – becoming more common.

The latter is a cause for real concern. While the non-medically justifiable caesarean operation may still be rare, the rate as a whole is exploding. Today 24 per cent of all births in the UK and ***34 per cent in the US*** are by caesarean, compared to a World Health Organization recommended safe and appropriate rate of ***10-15 per cent***. The rise is the result of both fear and the unnecessary interventions in the birth process that arise from that fear.

Birth gone wrong

When a healthy woman ends up with a caesarean, whether on demand or as a result of an 'emergency', you can guarantee that a lot of things have gone wrong for her along the way. Fear of birth for instance has been linked to pre-existing depression and anxiety, to previous bad birth experiences, to negative self-image, lack of support from family and partners, and to lack of good ante-natal education and to lack of solid midwifery care.

Any and all of these things can lead to growing and irrational fear of the process of birth.

This is why clinical ***guidelines*** laid down by the UK's National Institute of Clinical Excellence (NICE) advise against caesareans on demand. Instead they suggest that women who express extreme anxiety about giving birth should be referred for psychological counselling and support.

Under the knife

That's because surgery carries real risks. It also does ***not guarantee a satisfying birth experience*** because it does not address fear or things that provoke it, a fear which campaigners say is growing.

"The calls we are getting do suggest that women are becoming more afraid of birth," says campaigner Beverly Beech, Chair of the Association for Improvements in the Maternity Services.

But the fears, she says, are becoming more specific with women convinced that normal physiological birth will cause their wombs to rupture, their vaginas to rip apart and anal sphincters to prolapse – not to mention the ruination of their sex lives. Under the weight of such fear a 'quick cut' is seen as the best way to avoid all the 'pain and mess' of birth.

'Very often they have seen something on TV or read something in a newspaper that has been hyped up or misinterpreted or frankly is just a lie that's been spun to make the story more dramatic and controversial' she says.

But far from being up and back at work within a few days the quick cut option can lead to weeks of pain, the inability to pick up or breastfeed your baby easily and the potential serious long term adverse effects, such as excessive bleeding, blood clots, surgical injury, infection and internal damage that could endanger the normal progress of any further pregnancies and prevents any future normal births.

Looking for problems

The vast majority of pregnancies are normal and healthy and regardless of what type of birth she may be angling for, every woman is looking for a good birth experience.

Nevertheless, feelings of anxiety are natural to pregnancy – as natural as they are to any other major life transition. A woman might fear miscarriage, fear for the baby's well-being, fear for her ability to cope with labour or parenthood, fear her partner's reaction to her labour.

It's fair to say that most women perceive antenatal screening as a good way of ***addressing these anxieties***. But routine testing, whether it's the seemingly trivial ritual of weighing a woman or the more invasive amniocentesis, often ends up amplifying fear rather than assuaging it.

Antenatal care takes place in hospitals and clinics, places where sick people go. The atmosphere in which most

antenatal testing is done, with its emphasis on illness and abnormality, can provoke enormous anxiety and loss of confidence among women.

The unhelpful routines of the hospital environment can also breed fear in caregivers, prompting them to intervene routinely and unnecessarily. By the time a woman is ready to give birth she may have all but lost confidence in her ability to do the job she was built for.

TV terrorism

It was Winston Churchill who once said that there was nothing so exhilarating as being shot at and missed.

A woman with a strong sense of self and good social support can usually weather the trial of antenatal care. But the media barrage of birth-as-a-bullet-with-your-name-on-it stories is harder to withstand.

Images of birth on TV and films have existed for generations, but it is only recently that 'reality' TV has turned its focus on the hospital birth machine. While a TV drama such as *Call the Midwife* may still be considered entertainment, a reality show such as *One Born Every Minute* carries much more influence in its message.

We watch these shows at our peril because although they contain graphic images of 'how it is' they lack any commentary to help us understand 'why it is'.

Decades of social science research shows that such programmes act like ***marketing campaigns for hospitalised birth*** and do little more than ***breed fear*** and ignorance.

A battleground

Sarah Davies Senior midwifery lecturer at the University of Salford, School of Nursing, Midwifery and Social Work, is very clear about their toxic influence:

'Anybody watching could be forgiven for thinking 'I don't want to give birth like that'. Inevitably the women and their support partners are portrayed as frightened and out of control. The women are always on their backs - something that is frankly inexcusable under so-called midwifery care. They are hooked up to monitors which draw more of the midwife's focus and attention than the woman herself. They are told when to push, when not to push, what drugs to take.' What is more says Davies such programmes inevitably portray birth as a battle between mother and baby 'as if the

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Is there a culture of fear surrounding natural birth?

two were in opposition'. Certainly no mention is made of the benefits of birth for the baby, such as preparing its lungs for life in the air.

Beverley Beech, Chair of the Association for Improvements in the Maternity Services agrees:

'In these programmes the woman's needs, her comfort, her sense of security and privacy is completely ignored and of course when it all goes wrong the obstetrician is invariably portrayed as the knight in shining armour who sweeps in to save the day. There is never any comment on how every aspect of the woman's care up to that point caused the 'emergency' in the first place.'

The cascade of interventions

The rubric is well proven in the medical literature. Induction = increased pain = epidural = slowed labour, uncoordinated contractions = more attempts at induction = more pain relief = fetal distress and maternal exhaustion = caesarean. And these days caesarean = infection with antibiotic resistant MRSA.

Indeed infection is still an aspect of the post-caesarean operation which is under-explored and under-reported. Caesareans classically carry a five **to twenty-fold risk of infection**

over vaginal delivery with between **four-twenty-nine per cent of women** experiencing an infection after a caesarean. Likewise, endometritis (infection of the uterus) is estimated to occur up to ten times more frequently following a surgical delivery.

The baby is at higher risk of an MRSA infection too. In a **2010 study**, researchers found that babies delivered vaginally had bacterial communities resembling their mother's vaginal bacteria, and generally considered protective. Caesarean operation newborns, however, carried bacteria that was more common on the skin, such as MRSA. The difference may explain why babies born surgically can be more susceptible to certain illnesses, allergies and asthma than newborns born vaginally. Previous studies have also demonstrated this.

As important as what we see is what we don't see – the hidden timetables that only 'allow' a woman to labour for so long before intervening to speed things up. These timetables, or partograms, are not based on science, but on a bureaucratic need to get the women in and out of the system as quickly as possible.

All such interventions are the medical equivalent of pulling the bottom block from a Jenga tower and then watching

the whole thing come crashing down.

A safe place to give birth

Undoubtedly the maternity care system lets women down. According to Davies the UK has one of the most progressive policies on maternity care, but the gap between policy and practice is frighteningly wide:

'In the UK, in theory, all women should have one-to-one care, all women should have access to water for pain relief, all women should have the option of a home birth with a skilled midwife. All these options are central to a community-based, woman-focused ethos of care. But in reality local hospitals and midwife-led maternity units are being closed down and women are more and more being shunted into large centralised hospitals where there is a culture of medical management and intervention that makes the hospital a less safe place to give birth.'

That larger centralised hospitals are the least safe place to give birth was underscored in 2011 in the National Perinatal Epidemiology Unit's **Birthplace Study**, which showed that today the fewest number of women give birth in the safest places of all – stand alone midwifery units and at home.

Says Beech: 'We know that the midwife is the only practitioner skilled enough to safely facilitate normal birth, but we do not invest in our midwives. We insist midwifery students complete their education in hospitals where the experience turns them into obstetric nurses more concerned with schedules and paperwork than supporting women. Midwives who work outside the hospital system can retain their focus on supporting women, but we do not support these midwives. Now with their insurance premiums rising many are being forced out of business and with them women's choice of an independent midwife'

The rise in fear of birth, she notes, has also paralleled the loss of our midwives and midwifery units.

A responsibility revolution?

But women also let themselves down.

The inescapable truth is that the modern history of pregnancy and birth is in part a history of women's capitulation – to doctor/hero myth, to the idea that their bodies are dysfunctional, to the idea of the baby as a passenger, neither affecting or being affected by the process, and to the idea that birth matters less than everything

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that comes before or after it.

This is not a popular point of view amongst childbirth campaigners who tend towards seeing women as victims of the system.

Victims or not, the 'responsibility revolution' which demands that we understand our place in the larger scheme of things and the short and long-term consequences of our actions, seems to have passed many childbearing women by. The same woman who might spend extra time reading labels on the food and cosmetics she buys, may spend little or no time reading up on the consequences of medicalised birth.

Occupy birth

In part the natural and active birth movements of the 80's and 90s have stalled in recent years due to lack of compelling public figureheads to match those of Janet Balaskas, founder of the Active Birth Movement and the indomitable birth guru and social scientist Sheila Kitzinger. We are also missing the language and the sensitive analysis of doctors like Michel Odent who spoke of birth as an act of love, rather than a hi-tech race to the finish line.

Instead of a trend towards a confident and joyful 'occupying' of their own birth experiences, what we are left with is an assembly line vision of birth that is a little too close to Huxley's Brave New World for comfort. In the face of such lack it's not the rising tide of caesareans that should shock us as much as the number of women who still manage to avoid the knife.

Even in this technocratic age birth, a 100% natural process, has stubbornly refused to be completely mechanised, with the vast majority of women still hopeful for a normal, happy birth experience. The question is how do we help maintain that positive aspiration?

Says Davies 'Women don't hear enough positive things about birth. Women need positive vibes and feedback and not lots of scare stories. We need to find a midpoint between what is perceived as the kind of brutal "for your own good honesty" we so often see in the media and the sometimes unrealistic stories about orgasmic birth.

'Birth is not just one experience but many, as varied as the women participating in it. The idea of controlling it is ridiculous, but what we can do is create environments where women feel cared for and

acknowledged, where birth is seen as a relevant and integral part of life's journey and not just a lifestyle choice and where watchful waiting takes precedence over active intervention. If women want to feel safe that is where it will begin.'

Pat Thomas is the former editor of the Ecologist and the author of several books on pregnancy & birth including [Your Birth Rights](#), [Alternative Therapies for Pregnancy & Birth](#) and [Every Birth is Different](#).

If you want a normal birth, start here...

[AIMS - The Association for Improvements in the Maternity Services](#)
50 years of experience helping women achieve normal birth, web and print resources and a comprehensive list of links to supportive organisations. For the US see: Alliance for the Improvement of Maternity Services - **[AIMS USA](#)**

[Active Birth Centre](#)
Providing information and products to help parents make informed choices. Specialists in waterbirth and Active Birth ante-natal classes.

[BirthChoiceUK](#)
Independent website helping women in the UK to choose where to give birth.

Provides comparative statistics on interventions and outcomes in different hospitals.

[One World Birth](#)
Online video community focussing on the state of birth around the world today with contributions from experts like Sheila Kitzinger, Ina May Gaskin. Michel Odent and many others.

[The Business of Being Born](#)
Home of the 2008 film, expanded to a 4 part series in 2011, by TV presenter Ricki Lake. Part expose of the corporatisation of birth, part moving and inspiring plea for normal birth. Available on iTunes.

[Caesarean Birth and VBAC Information](#)
Information about caesarean birth and VBAC. Articles, reading list, birth stories, scar pictures and more.

[Doula UK](#)
A volunteer organisation run by Doulas, provides information about Doula and contact details of practicing Doulas.

[National Childbirth Trust](#)
Antenatal education and postnatal support for UK parents.



Our culture has turned birth into an illness, some commentators claim

Labour of love: the demise of traditional midwifery

Women-centred maternity care through midwifery is in danger of extinction, replaced by a medical model that treats birth as an illness. Birth is an act of love, not one of fear and loathing, so what are the consequences? **Matilda Lee** reports



What happened to birth being an act - and symbol - of love?

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I never imagined it would be a torture chamber', Ina May Gaskin says. 'The instruments of torture were both psychological and physical.' At 26, she gave birth to her first child, but childbirth was an experience that made her feel 'mistreated'.

'I thought the doctor would be proud that I decided to go without anesthesia. Instead, he told me that in not doing so, my baby could get brain damage.' Her baby was born using forceps, instruments needed because, as the doctor told her, the baby is like a 'battering ram against a hard perineum'.

Today, Ina May Gaskin is one of the most famous midwives in the world, recognized for her outspoken defence of the profession she says is 'in danger of extinction'.

'People no longer understand that our bodies are as well designed as the other

5,000 mammals that give birth to live offspring,' Ina May says. 'I teach people to search out the chimpanzee that lives within you. Forget about what people say about childbirth. If a chimpanzee can do it, so can you.'

At the birth centre she founded at the eco-community, 'the Farm' in rural Tennessee, Ina May and her small team of midwives have delivered over 3,000 babies in the last 40 years. Less than 2 per cent of women who give birth at 'the Farm' end up delivering by caesarian [compared with a rate of 34 per cent in the US as a whole].

She's delivered nearly 100 breech babies and over 20 sets of twins – all without complications, interventions or pain relief. But ask what her secret is and she just shrugs – she is only helping women do what comes naturally.

Birth after birth, Ina May has witnessed women go through the

hugely empowering, transformative, life-changing event that is childbirth. But Ina May is one of a dying breed of traditional midwives in industrialised countries. Traditional midwifery is actually banned in some states in the US, while many face persecution. The most widespread trend is the denigration of the midwives' skills and expertise as a medical model of birth has taken hold.

UK midwifery care under threat UK midwifery is undergoing a crisis in numbers and identity. The decline in one-on-one care for women before, during and after labour has had **a number of profound implications** including a rising number of interventions in birth, an increase in caesarian sections and declining rates of breastfeeding.

The birth rate in England climbed steadily by 15 per cent between 2001 and 2010, with predictions for a further five per cent rise over the next five years. Cathy Warwick, General Secretary of the Royal College of Midwives has lodged a **petition with Parliament** calling on the Government to recruit an extra 5,000 midwives into the NHS in England to fill a 'desperate shortfall'. Since 2010, there have been another 896 new midwives, - to add to a total of 21,000 – but the number of births in England are expected to climb from 687,007 this year to 723,000 by 2014-15

'Our argument is that the work has increased to such an extent now that midwives really can't offer the highest quality care that women in this country should certainly be able to expect. That matters because there is now an increasing body of evidence that indicates that aspects of care which midwives specifically offer are really important to high quality outcomes,' she says.

Mind the gap

It's a vicious cycle. The gap in good maternity care leads to higher rates of caesarian births, which weighs more on the NHS – costing an average of £1,701 while a vaginal delivery averages less than half that at £749. The drain on funds leads to fewer resources for good midwifery care. All this has happened in a shockingly short span of time: in 1990, the C-section rate in England was 12 per cent, but by 2005 it had doubled to 24 per cent. Each one per cent rise in Caesarean section rates costs the NHS £5m per year.

Sarah Montagu, admin secretary at



Ina May Gaskin felt 'mistreated' during her first birth

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the Association of Radical Midwives (ARM) and a practicing independent midwife, says the decline in maternity services is most stark in post-natal care. 'It used to be standard to have daily midwife visits in the first ten days after a woman gave birth. It's gone from that to, in some places, one visit from the midwife before she discharges on the 10th day. That leads to huge problems with breastfeeding.'

It also leads to more cases of post-natal depression as the lack of crucial practical and psychological support leads to feelings of fear and isolation.

Hospital vs. home births

But the dearth in numbers is only half the story of today's midwives. They also face a diminished role in maternity care that is dominated by the 'medical model'. Today, around 90 per cent of births in the UK take place in hospitals. Although, even in the hospital system, midwives look after the majority of women, very frequently doctors are working alongside midwives, shifting the philosophy of childbirth from one that aims to enhance normality and reduce interventions to one that is predicated on birth being normal only in retrospect.

With doctors working alongside midwives, anaesthetists come into the equation, and epidurals 'on demand' to control pain, have played a significant part in changing the whole approach. Technologies such as electronic foetal monitoring during labour, and induced labour for women over 42 weeks pregnant have all combined together to create a much more medical model of childbirth.

The medical model has brought about a transformation in the idea of safety and risk. 'We need to be practising safe care. But the question is, safe for whom?' says Sarah Montagu. 'Now, it is more about the safety of the institution rather than the individual. For a small number of women, the placenta acts less efficiently after 42 weeks of pregnancy. But there is now an assumption that all women should be induced if they are 10 days past their due date. If a woman is not physiologically ready, this leads to a cascade of interventions starting with hormones to get the cervix to respond and ending with high caesarian rates. When I started midwifery, the C-section rate was nine to ten per cent, now it is more than double that. Induction has played a large part in that. So has the fear of litigation.'

A labour of love

'We are completely lost. We have even forgotten to raise the most simple questions. What are the basic needs of women in labour? The fact that midwives have disappeared is a symptom of the lack of understanding of the basic needs of women in labour,' says Michel Odent, one of the world's foremost proponents of natural birth. 'The best thing to do is to go back to square one. The point of departure.'

The point of departure is the realisation that childbirth is an act of love. Literally. Odent refers to a 'complex cocktail of love hormones' that are released by a mother when a baby is being born. 'Mother and baby are under the influence of a sort of morphine, a natural opiate. Women, like all other mammals, are supposed to release this as soon as the baby is born. Today, most women give birth without releasing these hormones.'

Ina May says, 'the first women I took care of were afraid of hospitals. In being able to give birth at home they were grateful, and in a grateful state of mind, it so happens that the right hormones are there. You have natural oxytocin, and you have endorphins. You also have adrenaline, from fear, which is in direct opposition to oxytocin. If you have pain, your oxytocin is down, which means sometimes your labour can reverse itself. Your body can close. Or you get a really painful labour because you have no endorphins. Then you get more scared and the pain gets worse. You are then in a bad cycle. But if somebody could just come in and help you calm down, right away it can just

happen. That's how it works but people don't know that. A woman can be terrified of childbirth, but with a little encouragement, the pain can go.'

What a woman needs in labour is confidence and support and throughout history midwives have filled that role, guiding women towards this intangible essence of bliss. When labour's love is lost, we're left with fear. The cost of medicalised birth is more than we should be asked to bare.

Neighbourhood Midwives

Annie Francis wants to start a revolution in midwifery care in the UK. This June, she and a small group of six midwives will begin piloting a new scheme of community-based caseload midwifery care. The group she created, Neighbourhood Midwives, will offer a win-win solution for NHS's overstretched maternity services. As an employee-owned social enterprise, Neighbourhood Midwives will offer women one-on-one care with a local midwife, who they can get to know and trust and who will offer them the choice of where to give birth. She says so far they've had 1,000 midwives express interest in joining them.

'NHS maternity care is a fragmented, dysfunctional system. We've taken one of life's crucial events and institutionalised it. Women have to be in the right place in their heads when they give birth. If midwives can get back into the community, the fear factor will break down.'

Further information:

[*Spiritual midwifery by Ina May Gaskin*](#)



Ina May Gaskin teaching traditional midwifery in the 1970s

Flash 'em: how breastfeeding got political

An exclusive interview with Claire Jones-Hughes - the woman behind Brighton's now famous breastfeeding flash mob. By **Matilda Lee**



Women - and children - gather to make a very public statement

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Breasts. In our sexualised society, the bigger they are, the flashier, the better. All hail the hooters when they are used to sell millions of tabloids on a daily basis, or sports cars, or just about anything else. But, while we are besotted with bosoms, something about the female mammary gland is also very threatening. Breasts, used in their functional capacity as a life-giving organ, aren't acceptable in public. As soon as a woman needs her breasts, i.e. when it's a question of nursing a newborn baby, the flash of a nipple or a bit of flesh becomes taboo. Advertisements with newborns are more likely to have a baby sucking on a bottle rather than a breast.

All of which makes what happened to Claire Jones-Hughes in a Brighton cafe understandable, but not acceptable. One morning last December, Jones-Hughes stopped in to the Wai Kika Moo Kau café for a bite to eat with her four-month-old daughter. They had just been swimming and were both hungry, so while she sat munching on a plate of pancakes, she fed her daughter at the same time. As she explains it, a group of five people were leaving the café, when a lady leaned in to speak to her. 'I thought she was going to say, "Oh, what a lovely baby, or something like that" but I was really shocked when she said, "That wasn't very pleasant watching you feed your baby" I can't remember the words exactly because it all went a bit hazy, but she did use the word unpleasant. That stuck in my head.'

Although another gentleman stepped in to defend her, Jones-Hughes, alone with her baby daughter was no match for the group, who continued to insist that she wasn't being discreet, that she should have covered up better and used a towel. 'I am very self-conscious,

I don't like to bare my breasts in public, so I made sure I was covered. They were trying to put me in my place. They wanted me to shrink into myself,' she says.

Many breastfeeding mums will sympathise with the fear and embarrassment that can come with breastfeeding in public. While **81 per cent of new mothers in the UK** start out breastfeeding their babies, less than half of mothers are still breastfeeding at six weeks and only a quarter are still feeding at six months, the period recommended by the World Health Organisation. According to the **National Childbirth Trust**, more than three quarters of women who stop breastfeeding in the first six months would have liked to breastfeed for longer. The perception that breastfeeding is not acceptable in public places is one of the factors leading women to give up.

'Women have a choice to make, they either stay at home, which isn't an option in our modern lives, especially if you've got another child, or you have to feed in public. It seems that society wants women to be self-sufficient, proactive, and working but then no one wants to see us breastfeed in public,' she says.

Breastfeeding bonanza

Rather than shrink into herself, Jones-Hughes was emboldened, and angry. A self-described social media fanatic, she went home and 'had a rant' on Facebook and a local mums website, **Brighton Mums**, that she runs in her spare time.

'I asked, right is it time for a flash mob now? Immediately I had about two or three of my friends respond. Even if the four of us had just turned up it would have been fabulous. Then I put it on twitter and got myself a hash tag. We set a date. I didn't realise it, but women were spreading it around the web. It was before Christmas so we were under pressure to do it before it got too cold,' she says.

She borrowed the idea of a breastfeeding flash mob from National Breastfeeding Awareness Week, which included events London and Manchester last June drawing women in the hundreds. The fact that after 18 years National Breastfeeding Awareness Week has just had its funding cut from the Department of Health is another blow to would-be breastfeeding mums and highlights the overall lack of practical, psychological, and social support to encourage women to stick with it.

With the 2010 amendment to the **Equality Act**, the right to breastfeed in public – in restaurants, parks, theatres

and on public transport – is explicitly protected. Yet a law doesn't address the underlying societal issues that make women less likely to breastfeed in public.

'People need to take a step back and think about what life is like for a new mother in those first six months. What if I had been suffering from post-natal depression? What if I had been trying all morning to get my child to feed? What if I had had many problems breastfeeding? The more I thought about it, the more it stood out that what the woman did was wrong. It doesn't make sense that people should have issues with feeding mothers,' Jones-Hughes says.

Brighton bares all

At 1pm on December 15th, some 60 women gathered underneath Brighton's Clock Tower, the centre of the shopping district and fed their babies, openly and unabashedly in public. The Brighton Flash Mob attracted instant media attention with the local press, the Press Association, and the Guardian picking up the story.

'So many women wrote to me afterwards saying, gosh if I'd have known I'd have been there. We could have easily doubled our numbers if we'd have had a bit more time to organise it' she says.

Have a lot of other women confessed to similar experiences while breastfeeding? 'I got emails from Australia, New Zealand and Canada. I heard all kinds of stories. Many women said that nothing like this ever really happened to them, while some stories were a lot worse than mine. The common one was someone asking them to go to the toilet to feed their babies. One of the ladies was quite succinct and replied, "well, no, you go and eat your lunch in the toilet".'

'You've got a very short time span to make the decision to breastfeed or not, it all comes down to your birth circumstances and how confident you feel at the time.'

Baring a breast in public to feed a newborn is not a crime, nor should it be considered in any way indecent. Way to go Claire Jones-Hughes for sticking up for the right to nurse her newborn on the hop. Don't like it? Suck on it.

VIDEO

Further information:
National Breastfeeding Helpline
The Breastfeeding Network
Brighton Mums



Some find breastfeeding in public unacceptable

5 maternity campaigns for better, safer birth

A round-up of campaigns to support if you believe in a woman's ability to give birth normally and naturally and want to support midwives and activists working towards this goal

Association for Improvements in the Maternity Services (AIM)

How a child is born can have a profound effect on its health and its life. The experience of birth can also either empower a woman or destroy her confidence in her ability

to parent. Through its website, quarterly journal and booklets it campaigns for women's rights for normal, non-medicalised birth and provides independent support and information.

[AIM](#)

Midwifery Matters: Association of Radical Midwives

Midwives, student midwives and others in the UK committed to improving the maternity care provided by the NHS. ARM strongly believe that all women have the right to a service tailored more closely to their needs, and a sympathetic attitude on the part of their professional attendants. Primarily a support group for people having difficulty in getting or giving good sympathetic, personalised midwifery care. A few of the midwives work independently outside the NHS, in order to offer a more woman-centred, one-to-one, style of practice, which at present is not widely available within NHS maternity services. There are contacts and/or local groups all around UK, as well as several overseas members.

[Midwifery Matters](#)

One World Birth: Save birth, change the world

One World Birth is a free online video resource for birth professionals, activists and parents who want to keep their finger on the pulse of birth around the globe today. The world's birth experts discuss the latest thinking & research in short, bite-sized video clips that are based around a central theme each month.

[One World Birth](#)

5,000 more midwives e-petition, Royal College of Midwives

The RCM is calling on the Government to recruit an extra 5,000 midwives into the NHS to fill the desperate shortfall. They have a year to reach 100,000 signatures – sign now.

[Royal College of Midwives](#)

Neighbourhood Midwives: midwives you know and trust

A new employee-owned social enterprise is being set up to provide an NHS commissioned caseload midwifery homebirth service, based in your local community.

[Neighbourhood Midwives](#)



The birth experience matters to parents and child

Top 10 tips for a drug-free labour

Whether it's raspberry leaf tea or a spot of stretching, pregnancy massage specialist **Holly Jeffery** suggests some all-natural ways to keep labour pain at bay

Each year women all over the country experience the joys, and (let's face it) pains, of childbirth. In 2010 there were 723,165 live births in England and Wales, up 22 per cent from 2001, according to the Office of National Statistics. But whether it's your first

pregnancy or your fifth, preparing for birth can be a daunting process, which makes giving birth au naturel – with no drugs or pain relief of any kind – look like a masochistic challenge. Nonetheless, according to recent ONS figures, 2.5 per cent of women in England and Wales did just that.

Despite the pain, giving birth without drugs isn't the crazy idea it seems to be at first glance. Minimal intervention means getting the most natural birth experience possible and the lack of body-numbing drugs puts you firmly in the driving seat. You won't be pinned to the bed by heavy legs or wooziness



A range of treatments can help manage labour pain

HOW BIRTH WAS HIJACKED

– you'll be able to move around, totally in control, and able to find birth positions that suit you. What's more, because the interventions involved in natural birth – foetal monitoring for instance – aren't invasive, it means no side effects for you or your baby. But no-one wants to endure pain for the sake of it, and even during a natural birth, you aren't entirely without pain relief. Unlike with an epidural, natural pain relief techniques won't eliminate pain entirely but they will make it easier to bear and you won't feel wrung out afterwards. Intrigued? Whether you go natural or not, our top 10 drug free pain relievers will make birth a better experience for both you and your baby.

Stretch

Massage the perineal area with olive oil (ideally organic) every night from 34 weeks onwards. Really mould and stretch the flesh. This will increase suppleness and prepare for labour and will help prevent tearing.

Talk

Discuss your beliefs and expectations of labour with your birthing partner. They will be your voice during the birth. Make sure that all of your choices are included in your birth plan. Also talk to other pregnant mums and friends who have been through child birth already, see what experiences people have had and what worked for them.

Stay at home

Many women feel more relaxed at home. Look for a home birth support group in your area to meet other parents. If you can't have a home birth then think about what you can bring from home to feel more comfortable and at ease at the hospital.

Breathe

We do it without thinking but it's one of the things that tend to go out of the window when we are in pain. Strong, deep breathing gets oxygen to your baby, provides you with all essential energy and will keep you relaxed and calm. Some people like to follow a mantra to get them to breathe. You could breathe with the word relax,

using the re- on the inhalation and the -lax on the exhalation. This is something you might like to practise at home with your birth partner. Being told to breathe in labour can be frustrating. Instead, if your birth partner holds you by the shoulders, locks eyes with you and breathes deeply, you will naturally follow their guidance. Sometimes it helps to count the breath - if your natural deep breathing is four counts in and four counts out you can rely on the counting method in labour to avoid shallow breathing.

Keep the pelvis open

When we lie flat on our backs we compress the pelvis, meaning it cannot open easily. Good positions to open the pelvis and to use gravity to help get things moving are upright positions. Try going on all fours, kneeling (maybe over a birthing ball or the side of the bed), use your birth partner for support (either when standing - try ballroom hold!) or make them sit on the edge on the bed with their legs wide apart and suspend yourself between their legs using your arms to hold on. If you get tired, lie on one side, using pillows to support yourself. Your birth partner can raise your upper leg to open the birth

canal. Many women find alternating between these positions is really helpful. It is worth practising these postures before the labour, so your body can find them on auto pilot and you don't have to think too much about them.

Massage

Use touch to encourage the production of endorphins, our bodies' natural pain killers. Firm pressure on the lower sacrum can be very soothing. It also helps you bond with your birth partner. Make sure you pick a base oil that is made for massage (such as sweet almond). Strong strokes down the shoulders can encourage the body to relax and also deepen breathing if performed in time with the breath. It is worth trying different techniques during the pregnancy to see what you like. During the latent phases of labour and slow onset labours, hand and foot massage can be helpful as it keeps you calm and soothed.

Use essential oils

Several oils encourage contractions so must not be used during pregnancy. Once the labour is under way though, they can be very helpful. If you're at



Help yourself, help your baby

HOW BIRTH WAS HIJACKED

home you can burn them in an oil burner. In hospital you have to be more careful. You can buy battery operated diffusers or even have a few drops of oil on a tissue, or blend it in to your massage oil. You can even put a few drops into some water in a diffuser bottle and get your birth partner to spritz it about the room. If you're interested in using aromatherapy in labour, it's worth consulting an aromatherapist who can tailor-make a blend just for you. For a calming soothing blend try mixing six drops of lavender, one drop of neroli and one drop of rose in 10ml of organic base oil. Alternatively, four drops of chamomile, two drops of jasmine and two drops of clary sage in 10ml of base oil creates an

empowering, analgesic blend.

Practice yoga

Yoga is a great way to prepare for birth, keeping the body toned, flexible and strong in preparation for the labour. It can also help you get more in tune with your body, which is helpful for when labour sets in and instinct needs to take over. If you'd like to do yoga it is worth finding a specialist yoga practitioner in your area. There are also several books on the market. Always check with your midwife before doing exercise from books or other sources.

Drink raspberry leaf tea

Start drinking it during the last three weeks as it tones up the uterine muscles

making pushing easier.

Try homeopathy

Arnica is a great natural healer and will help prevent bruising. Take orally from the final week of the pregnancy until a few weeks after the birth.

Holly Jeffery is a massage therapist specialising in pregnancy and labour inspired by the joyous experience of giving birth to her own daughter without pain relief in a six hour dynamic labour.

This article first appeared in The Green Parent magazine. Sign up for a free green living newsletter here: [The Green living newsletter](#)

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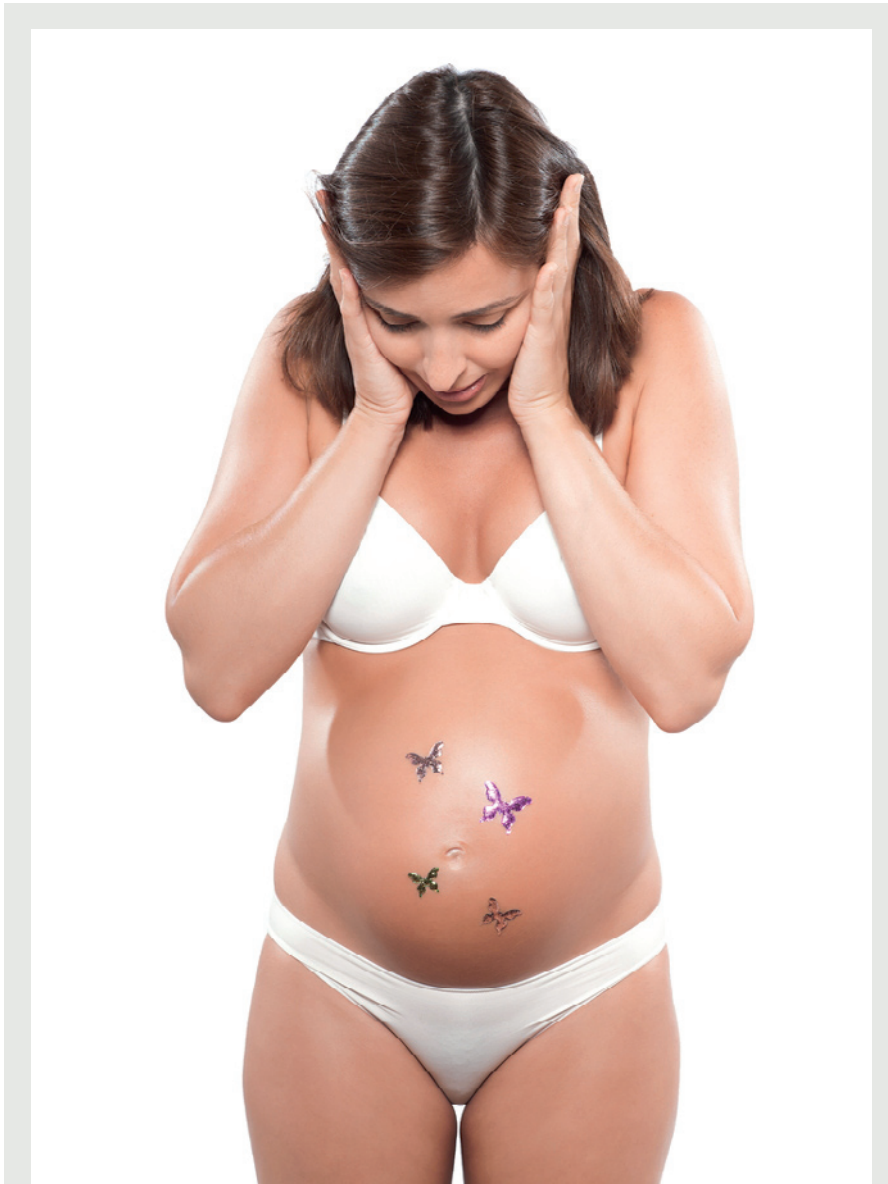
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How to get fit, healthy (and slim) the natural way



From yoga and pilates to stretching, remember to start out slow with post-natal exercise

Thanks to celebrity new mothers, pressure to get back into shape straight after giving birth has never been higher. But don't succumb to the lure of extreme diets; as the *Ecologist's* panel of natural fitness experts explain, slow and steady wins the race.

Phoebe Doyle

A recent survey found that six out of 10 new mothers felt under pressure to get back into shape as soon as they had given birth. The fact is some mums do ping back to the way they were - some even find parts of them have shrunk - but for many, extra layers, larger dress sizes and a wardrobe full of undersized clothes is the norm. To make matters worse, newspapers and magazines are awash with celebrity new mums who've managed to shed the baby weight within weeks. No wonder then, that we feel so under pressure when we see A-listers parading around in a pair of thigh-skimming leather boots

HOW BIRTH WAS HIJACKED

and a mini dress, wearing their baby (a non-crying, non-dribbling, non-puking specimen of course) as an accessory on their enviably slim hips.

While A-list new mums have been keeping showbiz journalists happy, for the rest of us, the omnipresence of super-skinny celebrity mothers has had a detrimental effect on new mothers in the real world. Many women have been led to believe that snapping back into shape is easy as well as important, and are left feeling like failures when it doesn't happen as quickly as expected. Surely during pregnancy and the magical first months of parenthood we should be focusing on our babies rather than on appearance and what others think? Either way, there are natural ways to shift the baby weight that don't involve dangerous diets or missing out on precious time with Junior. You might not shift the excess pounds as quickly as Beyonce, but our post-pregnancy experts' advice will leave you feeling fit, healthy and slim – and there's no maple syrup or lemon juice in sight.

The personal trainer

Personal trainer Aimee Rogers (www.revitalizefitness.co.uk) says that while you should always check with your midwife or doctor before starting exercise when pregnant, doing so can be helpful. 'Keeping fit during pregnancy is a great way to prepare your body for the physical stresses of both carrying a baby and labour,' she says. 'The aim is simply to maintain your pre-pregnancy fitness levels. If you weren't exercising before though, you can still start some gentle exercise once pregnant.' This, Rogers emphasises, needn't involve donning spandex at the gym. 'Power walking and swimming are both recommended during pregnancy,' she adds. 'Search online for local pre and post natal exercise classes in your area too. They are a great way to exercise safely and learn correct technique and, chances are, you'll meet some "same boat" friends along the way. It's safe to continue weight training during pregnancy,' Rogers continues, 'but avoid any exercises that place strain on your lower back or lifting the weights above your head.'

Focus on arm and leg exercises and always consult a trained professional if you've never done it before. Any abdominal exercises are best left until after the baby is born.'

As with the majority of health professionals, Rogers advises waiting until after your six week check before you start doing any baby weight busting exercise. 'Start gradually and build your fitness back up slowly. You will not be as fit or strong as when you were before you were pregnant so take it slowly. Go easy on yourself - your body has been through a lot.' As a new mum herself, Rogers understands that the stumbling block is often time, or more likely, lack of it. 'With a new baby it's difficult to find the time to exercise,' she says. 'Focus on short but intense workouts and walk, walk, walk! What's more the fresh air will do wonders for you and your baby.'

The pilates instructor

Pilates teacher Jane Wrafter (www.jcwfitness.co.uk) believes that pilates is ideal for reducing the abdominal separation that can happen during pregnancy. 'Pilates targets all the areas that are stressed during pregnancy, in particular the tummy, lower back and pelvic floor,' she comments. 'It helps to tighten and flatten the tummy post-natally as it works on the deep abdominal muscles that pull the waist in. The low impact nature of pilates is another benefit, as vigorous movements or jumping can cause problems for women with weakened pelvic floors.' As well as fitness, pilates can help boost mental strength too as Wrafter explains: 'Pilates is extremely relaxing and de-stressing which in the first weeks of motherhood is certainly a plus.'

The strength and conditioning pro

'After nine arduous months some women are desperate to hit the gym in an attempt to regain their former figure but there's potentially a risk and the wrong choices of physical activity can have a devastating long term impact on joints and overall wellbeing,' warns fitness professional, Scott Marsh (www.xceleratefitness.co.uk). 'The hormone relaxin prepares the body for birth, which is why many women

experience poor lumbo-pelvic stability, reduced joint stability and postural change throughout their pregnancy,' he continues. 'The excessive laxity and postural change lasts beyond the birth, so new mums need to be mindful of this when choosing activities.' What's more, he adds, post-pregnancy exercise should be chosen with core strength in mind. 'Exercise in the post natal period should be corrective with focus on restoration of normal tissue length and addressing key muscular imbalances. Explosive or ballistic movements such as jump squats aren't appropriate for new mothers due to changes in joint stability and tissue length. Most exercises should focus on alignment and re-educating pelvic muscles. Other areas of importance include the abdominal wall, and the hip region.'

The yoga teacher

'Yoga is perfect for post-natal women as it promotes a healthy sense of mindfulness around the changing body, so that you move back into fitness in alignment with your body's rhythm,' says yoga expert Mollie McClelland (www.molliemcclelland.com). Like Marsh, McClelland believes that post-natal exercise needs to concentrate on redressing imbalances that can occur as a result of pregnancy. Along with the mind-body connection, she says, yoga practice can help strengthen and tone the muscles stretched during pregnancy and childbirth. 'Not only are you returning to overall fitness, you're toning the pelvic floor, abdominal wall and lower back which can lose integrity and stabilising power during pregnancy. Through yoga the body finds its balance more quickly, and comes back into alignment and general tone with greater ease.'

The biggest advantage of yoga though is the importance it places on relaxation, as McClelland explains: 'Yoga's emphasis on deep breath within all movements can have a relaxing and balancing effect on the body and nervous system, enabling efficient sleep and feelings of joy and bliss.' And as any new mother will tell you, a good night's sleep is something you'll definitely need.

Top 10 myths about new parenthood



The pressure to conform to 'normal' parenting can be tyrannical

HOW BIRTH WAS HIJACKED

1. That your life will soon get back to normal... when the reality is that there will be days when you will have to choose either sleeping, eating or bathing! You are creating a new kind of normal - and even that won't last forever.
2. That your body will be the same...when it will probably either get bigger, smaller, differently shaped, have new scars or stretchmarks, and you will learn about body parts you never knew you had... How brave are you feeling because the changes are both internal and external!
3. That your child will have a 'normal' development. Yes babies are measured from the moment they pop out (using the APGAR Score) against 'norms' that are usually not applicable. Every child develops at their own pace - there are a range of normals so don't beat yourself - or them - up. And don't' beat your child up if he/she doesn't' instantly love a new addition. (See also point 4 below)
4. That you will love your newborn instantly and forever unconditionally. If you have had a tough birth, love and connection can take time to come; likewise you are not a 'bad mother' if you don't love being with your child every minute of every day. You still have a your own life.
5. If you had a crappy birth experience you soon forget it - you never forget it! But a second or subsequent birth where woman feels she was the centre of the experience can go a long way to healing things.
6. All babies should sleep through the night...Ha! Learn to sleep when your baby does and save yourself untold misery. Learn about the different techniques developed to help ease your child into better sleeping. Most work - and although it won't seem like it at the time when you've been up every hour every night for the past week - it will be worth it.
7. Artificial milk is just as good as breast milk. It isn't. The benefits of breastfeeding are manifold - from establishing a connection with your baby to preventing long-term and wide ranging health risks.
8. Birth is the hard part all the other decisions are easy - i.e. vaccination, school, child care, housework. Each stage of your child's life will bring new challenges.
9. Your value as a mother is directly related to how much stuff you buy your child. Save your money most of the stuff they try to sell parents is completely unnecessary. What your child needs is your time and attention. So turn off your bloody mobile for a while!
10. That there will be no strain on your marriage / with your partner. There will! Look at the idea of his and her pregnancy continuing as his and her parenthood. Dads often feel left out especially if mum is breastfeeding and/or sex is off the agenda - no one tells them to expect and prepare for this. Good for parents to talk about this beforehand - a new normal for relationships too!



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Midwifery on screen

Forget 'One Born Every Minute' - get the real low-down on midwifery from **Sarah Montagu**



Sarah Montagu

The drama of midwifery lies in the long quiet hours of focussed attention on the miracle unfolding before you, the satisfaction at hearing the change in a woman's voice from querulous exhaustion to triumph, awe and love as she welcomes her baby and the fulfilment in escorting families on their journey through childbirth. It's therefore not really surprising that most TV depictions of birth are profoundly annoying for midwives to watch, as the drama for TV has to be contained in short episodes with as much excitement, alarm and agitation as possible.

I try where possible not to watch most TV depictions of birth, as it's bad for my blood pressure - moaning 'not again' where a pregnant character in a soap who five minutes ago was absolutely fine, clutches her abdomen, shrieks in sudden agony, a minute later yells 'my waters have gone' and five minutes later is clutching a baby (who incidentally looks about two months old), or burying my head in the sofa cushions as a woman comes into the Accident and Emergency department in 'Casualty' and all hell lets loose as either the mother, the baby or both suddenly develop a life-threatening emergency. It may be bad for my blood pressure but its more pernicious effect is the impact it has on women (and of course even more their partners) who then think they should rush to hospital as soon as the first contraction is felt or become convinced that birth is a major medical emergency. 'One Born Every Minute' and many of the births shown on the Discovery Channel are frustrating for a different reason, as although obviously these are real

people having real babies, both the amount of medical intervention and the focus on hospital as the place of birth create fear, trepidation and self-doubt for the viewers.

There have been some honourable exceptions to this rule, for instance the ITV series 'William and Mary' which starred Martin Clunes as an undertaker and Julie Graham as a midwife. The births depicted there were realistic, dramatic in their impact on the families involved without introducing unnecessary medical dramas to the births themselves and took a reasonable length of time. There have also been a few 'reality TV' births, such as 'Homebirth Diaries' which have shown woman-centred births and empowering midwifery.

'Call the Midwife' which has recently caught the public imagination, has been much more satisfying to watch as a midwife. Obviously, we have moved on from the 1950s (enemas given via glass tubes are thankfully a thing of the past!) but the technical details are much more accurately portrayed and the babies clearly are a clever mix of convincing models and genuine newborns. Like 'William and Mary', the drama comes from the lives and stories of the characters, rather than from injecting unnecessary (and often spurious) medical emergencies into the story-line. While there have been some 'unusual' births, such as premature birth, a breech and undiagnosed triplets, the midwives are shown just competently dealing with whatever is happening, without too much fuss and bother. The anecdotal evidence from colleagues who were working in the 50s concurs with these depictions, that many of those births which would

now automatically be 'risked out' of home birth were in fact managed successfully and safely at home. Even if there are genuine grounds for some of these births to take place in hospital nowadays, I feel it is a salutary reminder that it is possible and indeed desirable to maintain a sense of normality even in more complicated births.

One of the other key factors in 'Call the Midwife' is the strong sense of community. Of course, the Docklands of the 1950s are a vanished world and some of the things that have gone with that vanished world are not to be regretted, the grinding poverty, the over-crowding and the unrelenting work. However, the presence of midwives in the community, well known to and trusted by all the families in the neighbourhood is something which we definitely need to return to. The Association of Radical Midwives has long advocated the idea of case-load midwifery, where a midwife, based in the local community, carries a caseload of women who she gets to know over the course of the pregnancy and for whom she will care in labour, whether that is in the home or in hospital. Even if we don't live in Poplar tenements or crowded back-to-backs, it is still perfectly possible to recreate the key elements of the model shown in 'Call the Midwife' in today's different environment, by focussing on the woman, her needs and the needs of her family rather than on the needs of a system based in the acute sector and by seeing birth as part of life rather than a medical crisis.

Sarah Montagu, is the Admin Secretary of the Association of Radical Midwives (ARM) and a practising independent midwife

Anatomy of a C-section

Andrew Wasley watched his partner endure two invasive births, one elective, the other life saving

My partner's first cesarean, whilst swift, was disorientating, cold and left my other half feeling cheated.

Lying on her back, she couldn't see or feel anything, having been given a powerful anesthetic. I could see the staff – their expressions informing whether the operation was going to plan – the beeping equipment, the blood splashing on the floor, the whitewashed walls. The cutting of the abdomen and subsequent extraction was done out of sight, behind a screen they never seem to be bother with on television. Baby was brought into the world, fleetingly given to mum, then handed to me for carrying into the weighing room.

We were later told separation isn't standard procedure, and that the medics must have felt there was an urgency with doing my partner back up, and didn't want distractions. That night I had to leave the maternity ward by 8pm – visiting times are strict, with everyone apart from mother and child kicked out, no exceptions.

My partner was put in a bed in a crowded room, a blue curtain separating her from half a dozen other mums plus (wailing) newborns. Our daughter was placed in a white plastic cot adjacent to the bed. Having been sliced open and stitched back together again just hours before, reaching over the short distance to pick our daughter up was difficult, if not impossible, that first night. When she moved, the pain was intense, despite being given a cocktail of drugs. She had to press the buzzer to get a midwife to help every time she wanted to lift her baby up to comfort or attempt to feed her. The first time the nurse was more than willing, by the fifth time there was resentment.

In the morning, having had not a minute of sleep – she'd been awake

for more than 72 hours by now – my partner was unable to properly tend to her baby or to attempt a shower. She described feeling like the contents of her abdomen were going to fall out onto the floor if she moved. With my help – I'd arrived at 9am, the beginning of visiting hours – she managed to wash. The staff were economic with sympathy for her inability to move around.

Once home after some three days, the difficulties arising from an invasive birth continued to dog my partner's joy of being a new parent. Doing virtually any normal daily task was difficult, doing everything that our newborn daughter required was impossible. How would someone cope alone? About a week after the birth, mum and baby took their first, tentative trip out. Every step felt alien, she described, the feeling that the stitches were going to come undone at any time persisting. We later attributed this stroll to the nasty infection that settled in my partner's cut. Although treated, the infection set recovery back, and heightened anxieties.

It was not the physical difficulties that most blighted those post-birth days however. It was the psychological impact of not having had the birth she'd wanted. She felt cheated, having originally wanted a home, or at the very least, natural, delivery. Prior to the birth, owing to the anticipated size (over 11lbs) of our baby one consultant had insisted only a c-section would do. Another consultant had said she could 'try natural'. The decision was effectively made by the stark warning that if my partner 'went natural' and the baby became stuck – 'very likely' according to consultant one – they may have to dislocate her shoulder in order to try and bring her out. Afterwards, opinion was that 'natural' would have been fine, especially as our daughter

weighed in at a much more reasonable (if large) 10lbs. Although acknowledging all medics involved were acting in her best interests, my partner remained deflated – this was not the exhilarating, empowering birth she had wanted, and definitely not what was 'sold' in the baby magazines.

She therefore had high hopes for a natural birth second time around. But during a routine early scan she was diagnosed with the potentially dangerous condition placenta previa where the uterus become blocked by the placenta.

Although in some cases diagnosed women go onto deliver naturally, as my partner's due date approached it became apparent this wasn't an option.

Without intervention, there would be no birth, consultants said on their daily tour of the ward (my partner was hospitalised for the final stage of pregnancy having had a major bleed at home). In countries without adequate medical care, this condition is quite simply a death sentence for mother and child. The operation this time around made the first look like a walk in the park. Surrounded by up to twenty medics – doctors, consultants, anesthetists, nurses, support staff – the initial extraction went smoothly. However, minutes after delivery the surgeons couldn't get the bleeding to stop. This is always a risk with placenta previa. For the next three hours at least – time moved in slow motion – we watched (from behind a screen) as the medics worked through the full spectrum of options available to them to stem the bleeding.

First the clotting drugs, then the 'figure of eight' stitch, then something called the 'bakri balloon', a little-known 'last resort' that quite literally saw a balloon type device directly inserted into my partners' womb to bring extra pressure to bear on the uterus.

The latter worked. But she'd lost so much blood she needed a transfusion – urgently. Several hours after the birth, she was lying in intensive care, hooked up to the blood pack, to a catheter, to a 'wound drain'. Her son was placed in a white plastic cot adjacent to the bed. He was fine, mum was traumatised. Needless to say, the birth she'd wanted hadn't involved major surgery.

But the operation, the c-section, performed by brilliant, dedicated surgeons, had not only saved our son's life, it had saved hers. The ability of modern medicine to deliver babies via C-sections is nothing sort of a miracle. But would you choose one?