

# HypnoBirthing

For a safer, easier, more comfortable birth

Marie Mongan

SOUVENIR  
PRESS

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*This Fourth Edition of HypnoBirthing,  
the Mongan Method, is dedicated to those many  
genuinely caring birth professionals—doctors, nurses, nurse  
midwives, Certified Professional Midwives, childbirth educators,  
and doulas—who have witnessed the beauty of HypnoBirthing  
and who have seen it with open eyes, open minds, and open  
hearts, and who have then moved forward to bring calm  
and gentle birthing into the lives of the parents they serve  
and the colleagues with whom they work.*

“Women have access to an unstoppable energy that transcends fear and negativity. Women who tap into that energy have the power not only to achieve their own life purpose and goals; but using their personal stories as a template, they inspire other women to do the same—to go beyond what they ever thought was possible.”

—**Patricia Jocelyn**

Author, Journalist, Spiritual Lecturer

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# Foreword

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**M**arie Mongan is a woman who has devoted her entire life to working with women of all ages and in all walks of life. Through her book and the HypnoBirthing Method, she shares the conviction of her own personal birthing experience and her sensitivity to the emotional and spiritual needs of birthing women. The message about the normality of birth that this book delivers is an essential one for all families who believe in and care about birthing their babies in safety, calm, and peace.

This book, and the HypnoBirthing program itself, has provided me, and other doctors who share a belief in normal birth, a framework within which to practise obstetrics in the manner in which our education has qualified us and in the direction in which our hearts have led us. It has changed the way many of us practise obstetrics.

I began “delivering” babies in 1983. I believed in the use of drugs to manage obstetrical pain. In spite of my best efforts to use good sound medical judgment, I saw lots of complications, including babies with compromised breathing. I believed that epidurals were a

medical blessing for labouring mothers. I had a 25 percent C-section rate.

Many patients demanded natural births. I then performed hundreds of deliveries using pushing and blowing while holding off analgesics until the mother could no longer take the pain. I saw babies that were no longer respiratorily compromised, but both mother and baby were exhausted. Quite often there was a need for respiratory support with oxygen. But my C-section rate had fallen to 5 percent.

Next, I used visualisation and guided imagery with patients to manage pain. On occasion, I still had to use narcotics and a rare epidural. I continued to see exhausted babies who were not fully able to bond. I still had a C-section rate of 5 percent.

Eventually, I began using hypnosis to manage pain during birth. The results were okay. Babies were less often compromised and very rarely needed oxygen; but mothers still experienced painful births. My C-section rate remained at 5 percent.

A few years ago, I made the transition to HypnoBirthing, and I now truly believe that normal birthing does not have to involve pain. I have attended over 200 births of women who prepared for birth by learning and using the techniques and philosophy of HypnoBirthing—"The Mongan Method." All of the families have left their birthings excited about the birth event. I see support people meaningfully involved with the mother and assisting in many different ways. I have had no complications. No babies have needed oxygen or any support other than warming by mother's body. My C-section count is three—in as many years. I have given absolutely no analgesic drugs since I began using HypnoBirthing with mothers.

Over the years, I have come to realise that during a birthing, I no longer perform "deliveries"; I attend and observe as mothers birth

their babies in calm and comfort, and birthing companions receive the babies as they emerge. It is as if my new role is to be present to witness the miracle of HypnoBirthing.

Now I enthusiastically lecture to medical groups on a regular basis about the merits of HypnoBirthing as a means of achieving easier, more comfortable births for labouring mothers. I am more than happy to talk to health-care professionals (or anyone else) about my experiences with truly natural birthing. I have a large number of happy HypnoBirthing families—mothers and fathers—who love to talk about their own birthing experiences.

In my position as a faculty member of the Atlanta Family Medicine Residency Program in Atlanta, Georgia, I trained medical residents to use HypnoBirthing as an option for the families they will serve.

I heartily recommend this book, and the well-thought-out program that it accompanies, for its contribution toward making the birth of our children a positive and gentle step on the way to a better world.

*Lorne R. Campbell, Sr., M.D.  
Clinical Professor, Family Medicine*

# Looking Back Over 25 Years

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When the publisher of the third edition of our HypnoBirthing textbook invited me to write a revision of the book for our 25th anniversary, it opened up a flood of memories and thoughts about the journey that has brought HypnoBirthing to where it is today. Mongan Method HypnoBirthing is the leader and most comprehensive natural and instinctive birth education programme that exists. It has, from the very beginning, reached beyond simple relaxation and introduced many advanced hypnosis techniques into the birthing classroom. The coincidence of this being our 25th anniversary year called back thoughts of experiences that bubbled over in my mind and could not be quieted. Where have we been and where have we gone in a whole quarter century?

At this time 25 years ago, Maura, my daughter for whom the programme was developed, had just given birth to our grandbaby Kyle. The other two women who also prepared for their births with HypnoBirthing were due to birth at any moment. The success of Maura's birthing had the hospital staff talking about that woman in Room 201, who had no epidural, had soft music playing, and the room dimmed

all through her labour. One of the nurses on duty that day, Pat, who was also pregnant, made it a point to step into Maura's room quite regularly. Each time she just stood by the door with a quizzical look on her face and stared at Maura. On one visit, she spoke, "And she hasn't had anything for pain? Really?"

I remember leaving the room briefly to get a tuna fish sandwich (usually a poor choice with a birthing mother); and when I returned, I found a midwife on her knees writing the name of the artist on the tape that was in the tape player that I had placed obscurely on the floor behind a chair.

When Maura's birth was complete, Nurse Pat came back into the room and asked for an appointment with me. As she left, she told the other nurses, "Hey, girls, this is the way I'm having my baby." My excitement doubled.

I went home that afternoon, and with my notes taken during Maura's pregnancy and her birth, I began to set down the philosophy of birth that had been waiting all these many years since I was a child. One by one, I started to expand on the chapters of the coil-bound book I had prepared for my first three pioneer mums. I knew that I needed to put these feelings and observations down so that they could be shared with others. Writing that book was the easiest thing I've ever done. My enthusiasm was at peak, and my mind just wouldn't shut down for anything.

With the other two births happening on the heels of the first, and followed by Nurse Pat's birth, HypnoBirthing became a buzzword in that hospital. Soon a number of curious hypnotherapists, who heard about what was happening in Concord, New Hampshire, called to ask, "Will you teach me what you taught Maura about birthing with hypnosis?" In no time, there were a number of hypnotherapists meeting with eager couples. The National Guild of Hypnotists invited me to present

the programme at their annual educational convention, and then we were on our way. Simply by word of mouth, we had HypnoBirthings occurring all over the country.

### **A Paradigm Shift Began**

There we were. I began to receive so many calls that I started to teach classes. Pregnant mothers and their birth companions filled the parent classes, and hypnotherapists, nurses, and doulas came to become practitioners.

I had no idea of how urgently pregnant women were craving a better way to birth than the standard births that were offered by hospitals. They were hungry for a programme that would allow them to forego anaesthesia, but at the same time, make it possible for them to birth gently and in comfort. Since most hospital personnel themselves did not believe that birth could be free of fear and pain, there was only the home birth route, which also bore the burden of lack of public recognition and a lot of misinformation.

I found out quickly when NBC's TV show *Dateline* presented a full-hour feature on birthing with hypnosis. At the end of the show, hundreds of people called or wrote to producers to tell them that they had neglected to tell the public that the programme is HypnoBirthing. The following morning there was a front-page article on the MSNBC website about HypnoBirthing, stating that it was I who founded the programme. They gave a link directly to our HypnoBirthing website. Without a bit of exaggeration, I can honestly say that we received almost 5,000 calls and emails over the next few weeks.

HypnoBirthing took on a life of its own, and in a very short time, it took over my life as well. All of a sudden we needed staff to be able

to give referrals from a referral system we didn't even have as yet. We needed a second telephone and another person to receive the calls. We stepped beyond the realm of a passion and into the realm of business. A business we hadn't planned for.

It looked as though the change in the way birth was viewed by the general public, and care providers as well, would come easily. With the impetus of that NBC show behind us, we saw a large number of pregnant families flocking to our classes. It became increasingly obvious, however, that not many care providers were impressed.

When I first started teaching and accompanying birthing families into the hospital those many years ago, I remember naively thinking that surely doctors and midwives would be pulling me out of birthing rooms to inquire how they could replicate those beautiful scenes. I was sure that once they witnessed a few HypnoBirthing mothers breathing their babies down to crowning in deep relaxation, they would insist on having all of their mums know how to achieve this phenomenon. I waited. The nurses were enthusiastic, and several midwives joined our ranks. Doctors regularly commented on how "remarkable" the births were, but except for a few, they showed no curiosity as to how these results were achieved. Even though they saw it happening time and time again, they seemed to dismiss the birthings as flukes.

In looking back now, I must admit—the acceptance of HypnoBirthing didn't come the way I thought it would. It was a very steep uphill climb. A few times a doctor would inquire, "What did you say this is?" Many saw, and frequently complimented, the birth mother on her beautiful labour. Most had no questions, however, and were not interested in knowing how more of the mothers they were caring for could birth in this way.

They quickly dismissed what they had just proclaimed “really remarkable.” They were content to move on to the next room and suggest a membranes rupture or even a Pitocin drip if the mother was not progressing in line with the Friedman Curve. Pitocin was usually the order of the day if the doctor’s shift was to end in a few hours. So often a beautiful calm birthing was given over to manipulation, with little thought to the dramatic change in the mother’s comfort level.

Once in a while, a doctor would ask me how I could prove that what we teach in HypnoBirthing classes resulted in what we were seeing. I was always amused by that question. It reminded me of the trial scene from the movie *Chicago*, when the defence attorney is asked for evidence of something he had just brilliantly illustrated. The defence attorney replied, “And what is it that you are seeing that you need evidence of?”

Though our success didn’t happen overnight, as I reflect on those years, I realise that we gradually made some significant changes just from our requests. In the hospital in Concord, New Hampshire, where HypnoBirthing first “caught on,” as a mother was settling into her birthing room, her nurse would pull a chair over to the side of the bed and ask to spend a few minutes with the family so that, “. . . I can be sure that I understand exactly what you mean by some of your birth preferences.”

Over time, we would find that there was already a birth ball in the room, and the nurse would remind the mother to ask when she was ready to use the tub. Someone cared enough to assure the mother that she was welcome and her requests would be honoured as far as possible. The nurses’ overt support made up for the oblivion of some of the other care providers. Eventually, there were some doctors who displayed approval, but they were closet enthusiasts.

Soon I began to receive invitations from places all over the world to bring certification workshops to their countries. Canada was the first, but not far behind were the Virgin Islands, the UK, and Australia, and on and on. Over the years we have had the pleasure of training some of the finest people in the world—our teaching practitioners, without whom HypnoBirthing may have remained simply the talk of the Concord Hospital staff for a few short days; and then it would have just faded away. Those who shared our belief gravitated to our programme. It was they who truly catapulted HypnoBirthing to the position it holds today as the leader in the field of childbirth education with hypnosis.

Prior to that time, the midwives who were teaching instinctive birthing had no instructional programme or key techniques to build upon. Many of these women came in droves, as did many nurses who were discouraged with what they were seeing happening in hospitals. Nancy Wainer, midwife extraordinaire and author of two books on natural birthing, joined our ranks and declared, “HypnoBirthing is the missing link we have all been seeking for years.” With so many birth advocates sharing the same vision, HypnoBirthing grew. It became exemplary of what gentle birth should look like and what it should feel like for the birthing mother and baby. In addition to seeing what HypnoBirthing could do for the families, these birth professionals also realised how it brought more ease and joy to their own work. Nurses who saw instinctive birthing and worked with HypnoBirthing families were instrumental in bringing HypnoBirthing to their hospitals’ education programmes.

It was a good fit, in spite of those who found it difficult to believe that a baby could descend and emerge without his mother scrunching up her body, holding her breath, and forcefully pushing her baby out with all her might. Even now, a whole quarter of a century later, there are people who still subscribe to “purple pushing.” It’s what is

portrayed in movies and on television. The general public watches and accepts, and pregnant mothers cringe.

For a long time some birthing professionals tenaciously clung to almost gymnastic-like moves that had the mum pulling on a rolled sheet or hanging over a squat bar for endless periods of time. Some facilities had women hanging upright from a huge knot in a rope “to use the benefit of gravity.” Eventually that all went by the wayside with only a few continuing to preach the inevitability of severe pain. Those few sometimes even felt the need to advise the birthing mother that HypnoBirthing may work at the beginning, but not later when the pain is more severe. They were oblivious to the fact that every word they spoke instilled more fear into the minds of vulnerable mothers.

The many positive features and benefits of this shift in birthing paradigm continued to draw the attention of health-care providers. We began to see more standard health-care providers supporting HypnoBirthing families with relaxed protocols and fewer unnecessary “precautions” being applied to women who are free of special circumstances.

The light shining upon HypnoBirthing became broader and brighter. Major television morning shows and leading publications printed feature articles. Local TV channels featured our birth stories on their evening news shows. Consumers were asking about natural, instinctive birthing. It was catching on among birthing parents.

Others came and trained, and intentionally copied, and imitated. They took our concept, our materials, and our trade name; and they started their own HypnoBirthing programmes. We knew then that we had a good thing, and that good thing continued to grow.

In so many places, over the years, we saw a sizeable shift away from traditional “standard” hospital birth scenes that had women tethered with epidurals, needles, IV poles, tubes, wires, and belts. These

confining and frightening scenes began to be replaced with scenes of quiet and calm women, who were free to move about or just relax. The only wires that were anywhere near were those of the earphones that mothers used to listen to soothing birthing music and scripts. In some places, women requesting calm birth were no longer restricted from eating. Care providers came to see and recognise that when endorphins are present and the constrictor hormone catecholamine is not, digestion is not arrested because the mother's body is not in the state of alarm.

HypnoBirthing gained more attention. Requests for speaking engagements and interviews poured in, along with invitations to conduct training workshops for practitioners. The HypnoBirthing way of birth was catching on.

Working on this book revision has made me realise how successful natural birth advocates have been in bringing about substantial improvements in the birthing experiences of thousands of happy birthing families, most of whom chose HypnoBirthing to prepare for their babies' births. The concept of instinctive birth also attracted the attention of some of the kindest and most caring birth professionals, nurses, doctors, and midwives who were at first curious but are today more willing to openly support instinctive birth.

When we look at trends in birthing over the past two-plus decades, we see that, truly, new life and birth are celebrated in many mainstream health-care facilities, as well as in complementary settings. This shift also points to a vast increase in the number of birth centres that have opened their doors to couples seeking natural birth but wanting a homelike atmosphere. Home births are regularly considered an option by families of all kinds of life styles—from several Hollywood movie stars and well-known entertainers and sports celebrities to families in small towns and farmlands. Many hospitals are accommodating

families who are seeking an environment where they can birth naturally yet have the comfort of medical staff on hand.

Throughout the world, birth is seen as the important transformational human experience that it is. It is far more than the “process” of getting baby born and just moving on. It is recognised and celebrated in various ways. I’m told there is a large hospital in Southern California that has an entire fourth floor devoted to ABC—“A Better Childbirth.”

I visited a hospital outside of Detroit that has furnished their natural birth rooms with queen beds and a homelike atmosphere with soft light and soft music—no frightening apparatus visible.

In a hospital in Minnesota, the carpeting leading into the birthing centre has inlaid appliques of dragonflies, bees, lily pads, frogs, and flowers. The rooms look like five-star hotel rooms, and there is not a visible piece of equipment in the room that shouts “Be warned!” and “Be afraid!!” I asked where some of the usual machinery and equipment is. I was told, “Right around the corner, concealed, where it belongs unless we need it, when it takes only a couple of seconds to get it.” Outside is a lovely walking path lined with flowers (in the summer) and benches for couples who want to spend some of their labour time outdoors in nature. (The surgical unit has a similar “healing garden.”) When a baby is born in this hospital, strains of Brahms’ Lullaby filters through the sound system, and patients and visitors alike honour the new life that has just come into the world.

I once attended a birth with a mother who was the first HypnoBirthing mother at that hospital. I met a doctor by the name of Dr. Care. When he left the room, I commented to the nurse, “What a fantastic name for a person who attends births.” Shortly after a young doctor walked in and the nurse said to him, “When Dr. Care was here, Mrs. Mongan commented that she thought the name Care was a perfect

name for an obstetrician.” The doctor extended his hand and said, “I’m happy to see my first HypnoBirthing. By the way, my name is Dr. Luti, and in Italian it means ‘care.’” We all laughed. After the baby was born, the mother was told that the nurse had to take the baby away to put the bands on. The doctor looked up and said, “Bring the bands to the baby.” And the mother continued to hold her newborn baby in her arms. I am sure you can guess that this mother’s birth story was a beautiful one. That is all it took to start a new trend in that hospital.

Fifteen years ago, I was invited to bring the first HypnoBirthing Certification Workshop to London to train practitioners. I taught the class at St. Thomas Hospital, Florence Nightingale’s hospital. This gave me the opportunity to observe and learn much about the midwifery model—an extremely mother-baby friendly model of birthing. What I saw was a birth model that is strikingly different from what I was accustomed to in the States. I liked what I saw; and I learned a great deal about this exemplary birth model that is among the most common of approaches to maternity care in the world. And a trend was begun at the hospital.

With the help of a few midwives who became HypnoBirthing practitioners early on, we were able to blend the two philosophies into the book that is now used by practitioners in the UK. The birthing unit at St. Thomas is staffed by a group of midwives whose enthusiasm for natural birth matches their gentle and friendly manner.

In a hospital in New Hampshire where a large number of HypnoBirthing families choose to birth, the family is treated to a beautiful dinner delivered to their room on a dinner cart as elegant as one would find with room service in an upscale hotel. This hospital also has tubs in a separate room. Post-partum rooms are furnished with a trundle bed for a sibling and a queen bed for the new parents. Their infant

not only rooms in, but sleeps with his parents in a family bed with a special little bed frame for the baby to safely sleep.

For healthy mothers who present minimal risk, routine practices, protocols, and procedures are being relaxed. As more couples are requesting natural birthing, more hospitals are feeding their mums.

In some places where low-risk mothers are active and mobile, they have shed the dull, ill-fitting patient gowns for attractive labour gowns for this special event. The gown is especially designed to be hospital friendly, with a halter top that ties or snaps at the back of the neck for ease of breastfeeding and strategically placed openings in the front of the gown to allow for easy access when checking baby's well-being or for birth. These facilities are but a few of the places where the shift is taking place. There are many more, and more will follow. As parents begin to make their wishes known and are willing to seek out the right environment and the right birth professionals, they are able to achieve the kind of birth that leaves them feeling fulfilled and joyful.

These hospitals are only a few of the medical facilities where the shift has taken place; and birthing families are treated as if they and their births matter. There are many more where staff has seen gentle births, and they are welcoming parents wishing this birth style. Hospitals are adjusting, and it is clear that their services are not only for the birthing families whose pregnancies are at risk. There is much hope for those parents who want natural birth but also feel more comfortable in a hospital environment.

### **An Opposite Paradigm Shift Appears**

During these same years while natural birth advocates were basking in the growing success of an increased awareness of natural instinctive

birth, a second paradigm from within the medical community appeared to be going unequivocally in a direction that is opposite from calm, gentle birthing.

This shift supports an increasing number of inductions, often scheduled ahead of the estimated delivery date (EDD) for nothing more than the chronology of the matter. Many women are being told, not advised or given a suggestion, that if they have not gone into labour before their estimated date, they will be induced on that date. This is all in spite of the fact that the EDD is just that—an estimated date. Statistics show that first-time mums average 41.3 weeks of gestation. There is little or no room within this shift for consideration of a normal, natural birth. This model feeds on suspicions and fear of “impending danger.” Very early on mothers are being told of some possible danger and advised that they should expect an early induction or a C-section. Parental wishes, emotions, and expectations are swept under the rug in favour of chemical, chronological, and technological factors.

In recent years, we are hearing of exceptionally large numbers of women who are suspected of having “dangerous complications.” These possible complications will necessitate regimented and strict protocols. Labour usually will call for frequent interruptions and examinations. Overuse of technology and apparatus make it almost impossible to experience normal birth. The natural rhythm and flow of labour is destroyed, and, as a result, labour can often go awry, along with the parent’s dream and excitement. There seems to be a disregard for the relevance of parental input. Advocates of this shift appear to have a disregard for the sanctity of birth and do not view birth as one of the most important of our human life rituals.

These unnecessary distractions that are part of this other birth paradigm are puzzling and quite discouraging to natural birth advocates.

Their existence speaks volumes about the need to move away from the one-size-fits-all approach to birthing. It points out a screaming need for birth professionals to take a good look at the people they serve. In this way, they can begin to see and to meet birthing mothers as whole people who are experiencing a once-in-a-lifetime family event that is unlike any other. Birth touches the emotions, the spirit, and the psyche of all involved. It calls for birth professionals who are kind, caring, and sensitive. One doctor in California describes the ideal birth attendant as one who loves babies, loves birthing women, and loves birth.

As we approach the end of this first 25-year period, it becomes clear that birthing parents who choose to learn and become prepared to experience a relaxed, natural birth must become informed about the philosophy of their intended care provider. They also need to be prepared as to what is routine and “standard protocol” for the facility in which they intend to birth. The time to make these decisions is before the birthing day, not when you are in labour.

My focus for the past quarter century has been to bring relaxed natural birthing to the attention of birth professionals. I hoped that they would see and understand that all birth need not be approached with fearful anticipation and preparation, for sudden complication.

I am now placing my hopes on the most relevant players in this transformational and human experience—the birthing families.

Most parents hear only of “standard care” or “routine protocol or practice.” These two phrases do not always mean that what the birthing mother will experience is only evidence-based treatment or that it is the best path to take. In their innocence and lack of information, parents approach their births with resigned submission. It’s not that they don’t care; it’s that they don’t know what they don’t know.

Today I am optimistic that there will be a full shift in the direction of natural birthing that will show more sensitivity to the simple needs of the low-risk and no-risk majority of mothers who need little “standard” or “routine” care. I feel, though, that I will not see that happen in my lifetime.

I’m convinced now that this awakening has to occur first within the mind-set of the consumer families. They are not asking for more, or for special, treatment. They are asking for less. Parents are simply asking that if everything gives reasonable indication of normality, they be given the opportunity to birth calmly and gently as Nature intended, without drugs and other procedures intended to “give labour a jump-start” or “move it along.”

It is they who are most transformed. It is they who must step up and accept the importance of educating themselves and actively seeking the birth professionals who will respect their work.

Hopefully, we will soon see that parents do not need to ask the same questions that families have been asking for the last 25 years. They won’t feel the need to make a case for gentle treatment and kinder birthings. With education, they will recognise that they have the power to find and choose the care provider and the birthing environment that will make the difference in their lives and the lives of their babies.