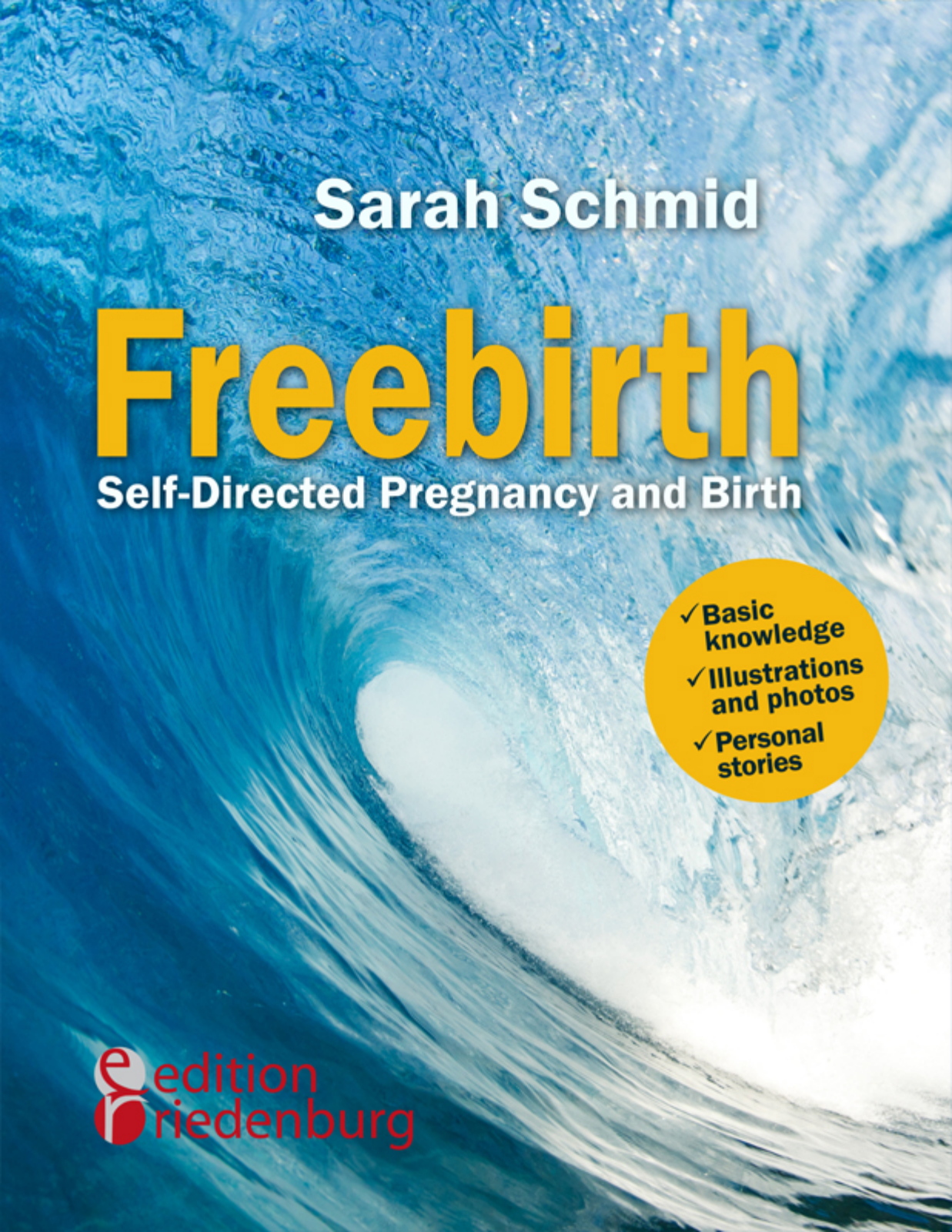
Sarah Schmid
Freebirth
Self-Directed Pregnancy and Birth
✓Basic knowledge
✓Illustrations and photos
✓Personal stories
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Having a baby, just like that? Without hospital, midwife or instructions to push? Babies are sometimes born before the midwife can get there and when that happens, everyone involved is usually happy everything went well despite the lack of professionals.

But how does it work for women who consciously decide to have a so-called 'freebirth' and decline antenatal care as well as conventional monitoring by birth professionals?

Sarah Schmid explains how to make self-directed birth a joyous experience. She also answers important questions around taking responsibility for your own pregnancy and birth, such as:

- How can I improve my health during pregnancy?
- How can I determine the baby's position myself and optimise it?
- Is it possible to know if my baby is well without listening to the heartbeat?
- What can I do if my labour does not progress?
- What do I do if the cord is around the baby's neck?
- What should I do if there is meconium in the amniotic fluid?
- Freebirth after caesarean birth or with a breech baby - is it possible?
- Can I give birth by myself even if the pregnancy ends too soon?

In 'Freebirth' Sarah Schmid provides a healthy dose of basic medical knowledge and dispels scary myths about birth. This also makes 'Freebirth' valuable for those women planning to birth their babies in a conventional setting, as well as for birth professionals.

Also in this book: Numerous illustrations • personal stories by over 30 mothers about planned and unplanned freebirths, including photos • helpful tips for the early days with a newborn

Sarah Schmid

Physician and mother of five children. Four of those children were born during planned freebirths.

For several years, she has been an internet presence on self-directed pregnancy and birth. Her videos have had millions of views.

Now she has found her voice in her first book, which strives, through information, to empower pregnant women and their partners.

'Trust your feelings and ask 1.000 questions when it comes to the birth of your baby. Good births are not easy to find, only the best is good enough for you!' (Caroline, 37, freebirth after previous caesarean section)

'Birth means becoming a woman and discovering the roaring lioness within yourself.' (Beatrice, 36, two freebirths)

'Birth is part of life and it is not something that requires surveillance.' (Sarah, 32, three freebirths)

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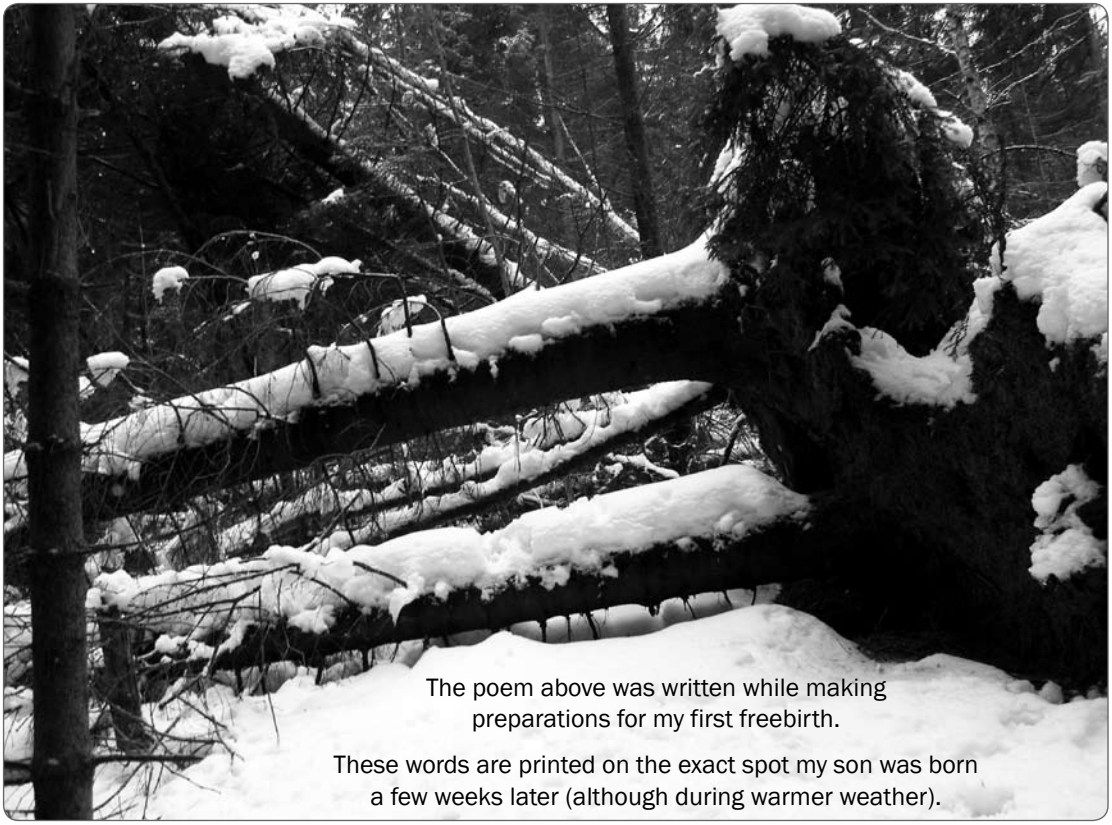
Primal Scream

A cry in the night
not like the worried whistling of a hare
or the sorrowful lament of a deer
A cry as old as time itself
the wild growling of a mother bear in her cave
like loud thunder in the mountains
unrestrained like the stormy sea
Lightning as if the sky touched the earth
then silence
and in that silence
the quiet cry of a newborn



The poem above was written while making preparations for my first freebirth.

These words are printed on the exact spot my son was born a few weeks later (although during warmer weather).

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Sarah Schmid

Freebirth

Self-Directed Pregnancy and Birth

Translated from German
by Deborah Neiger (Midwife)

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Contents

Introduction

In the beginning ...

Our life on this earth starts with birth and ends with death. We are all born and we all die at some point. There is nothing which touches us more in our being than birth and death, the beginning and end of our life.

To take away some of the threat of mortality, humankind has introduced rituals, traditions and taboos. Standard procedures that reassure us when there is nothing else to reassure. This book is about birthing and about the time in which a woman is 'with child'. About the time in which we would like to drift in the sea of life in the expectation of new horizons, if it weren't for all the health warnings and advice from well meaning people on the shore.

When people hear that a woman has birthed her baby – without hospital, without midwives or any other help, possibly even intentionally – they are usually incredulous.

How daring! Isn't it extremely dangerous, irresponsible even? How does the woman know what to do? What does she do with the umbilical cord?

The reaction is much less dramatic, trite even, when telling the exact same story about a cat. Even though she has done exactly the same: without hospital, without midwife, without help. All by herself.

And generally she won't have just birthed one baby, but four or five. In a dusty, or at least non sterile, corner in the house. She opened the amniotic sacs of her babies one by one and ate them, severed the umbilical cords and licked every newborn clean.

After this loving welcome, one kitten after the other crawled along mama's cosy fur and found a teat, on which it will spend many snuggly hours from now on.

Didn't this mother cat do well? She never had any notes or an estimated date of birth. No one listened to her babies' heartbeats or monitored her contractions. No one checked her dilatation. No one told her when to start pushing.

No one protected her perineum or prepared a coffee compress. She also didn't prepare for birth by massaging her own perineum in the weeks preceding birth. And she also didn't attend a course on how to look after a bunch of newborn kittens.

Despite all this, she knew exactly what to do, instinctively. And what did she need to be able to do this? Nothing. Except for a quiet, dry place.

It is not only cats who birth like this. Birds, rabbits, mice, foxes, deer, monkeys and elephants seek out a safe place for the birth of their babies: a nest in a tree, a cave, a crack in a rockface, a grassy den or, alternatively, they are surrounded by members of their pack or herd. This is where they birth their offspring protected from predators and interruptions, entirely unspectacularly, without technical surveillance or medical help, under their own steam. Freebirth is a tried and tested phenomenon in the animal kingdom.

Only we humans somehow fall out of this norm, especially the modern human. Is that because evolution made us walk upright and gave us bigger heads for our growing intelligence and therefore made birth more difficult?

But how do we explain all the reports from different indigenous people (during a time when they were hardly touched by Western civilisation) about quick, effortless births that astonished so many Western observers? Births alone in a remote hut, alone during the night, during work in the fields, births in the presence of a trusted wise woman ... easy births certainly seemed the norm rather than the exception.

Why this was possible then and not now is not the subject of research trials, however. No one believes that a quick, easy, joyful birth is possible anyway.

We would much rather advocate quick pain relief in the form of an epidural to render a woman's abdomen and pelvis without sensation.

The impression is that easy births are rare. Positive births are all about luck, and maybe it's not really all that important anyway. 'The main thing is that the baby is healthy.' is a saying heard often.

Does it not matter anymore how women experience birth in modern society? In the name of safety and responsibility for our children, women are often deprived of a positive and empowering birth experience. Why take risks and trust mother nature when expensive technology, experienced doctors and close monitoring can do a better job?

My journey to freebirth

My first foray into modern obstetrics happened before my first pregnancy. During my time in medical school I had various shorter placements in hospitals as well as a whole year at a later point in my studies.

I knew I wanted to have children and used the opportunity to take up a placement in the obstetrics and gynaecology department of my local hospital. I didn't have any preconceived ideas about birth, was curious and excited about every birth I was allowed to attend. Once I even saw twins born. And once, but only once did I witness a birth in an upright position, rather than with the woman on her back, as usual. I observed the organisation of the nursery and assisted with caesarean sections. I had to suction the amniotic fluid as soon as the amniotic sac was opened.

The doctors were all relatively nice. The midwives were all very different. I still remember one very young midwife who attended the upright kneeling birth mentioned above with me. Her cheeks always turned bright red as birth approached and she never had to check the mother's cervix to know it was fully dilated. This gut feeling impressed me amidst all the technology and monitoring.

My next experience of obstetrics was during my year long placement. I was married by then, pregnant with my first baby and was therefore hardly allowed to do anything clinical such as take bloods. Watching was allowed though and watch I did.

This time my placement was in the biggest hospital in town. I spent two month in the very labour ward I was born in myself. The midwives were the type famous in the former East Germany and tone in general was regimental.

The women were shouted at and insulted if they didn't follow the midwives' instructions. A generous episiotomy was routine and seemed very painful although the women were usually reassured that it wouldn't be. The student midwives tried to trump each other with the the numbers of episiotomies they had performed.

There were many situations I found horrifying and the decision to have a homebirth was an easy one. The risk of having to birth in this hospital was not one I was willing to take. My husband was in agreement as the hospital was only 5 minutes away from our house at the edge of the woods and was easily accessible in the case of an emergency.

Through recommendation I found and older, experienced midwife. I had a good feeling about her and felt like nothing could go wrong. The year long placement I was doing at the time was very stressful. 4 months of it took place in Accident and Emergency. It was exciting and educational but I got very constipated.

I found a very reliable remedy for this, which brought relief in 15 minutes flat: the forest. As soon as I went for a walk there, I felt like everything started to move again, as it were. As I wandered amongst the trees and felt relief take over, I thought again and again: I have to birth my baby right here. I'm just going to escape, without anyone knowing where I am and come back with a baby. No trouble, no stress, no expectations, demands or clocks. That would be amazing. If I can get rid of constipation so easily here, it must be the ideal place to push out a baby.

While I pondered this, I came to the conclusion that it just would not be practical. Too many people out running and walking their dogs and at the end of the day there really was nowhere secluded enough. Despite that, the thought stayed with me.

So our first child was born in our rented flat and not in the forest. I thought I had done everything I could to achieve a positive birth and felt positive. As my estimated date of birth passed I refused to go for monitoring with a CTG (a machine that records the fetal heart as well as uterine activity) every other day.

My midwife thought I might be the type of woman who might well birth alone and call her out too late. And she was right. Secretly I had considered that as an option. But because we wanted to be nice, we called her in the morning to say that contractions had started, just to give her the heads up. Then, two things happened we wouldn't have been able to predict: our midwife was at another birth and the back up midwife from the birth center turned up at our flat despite us telling her we didn't need anyone yet.

So there she was, the back up midwife. I didn't click with her and just wanted her to go away as quickly as possible. She was on the way out again, leaving us the phone number we could reach her under, when … suddenly my contractions became a lot stronger. She stayed. Unfortunately I didn't have the courage and nerve to throw her out and thought: grit your teeth and get it over with.

But this didn't quite turn out as I'd hoped. Soon I was fully dilated and a second midwife was called in anticipation of the birth as is common during homebirths. Then I didn't progress for hours. Only contractions and pain. PAIN! And then, after careful palpation the realisation: the head was engaged but had not rotated into the right position.

Now the sword of Damocles 'Caesarean in hospital' hung over me. I had surrendered the responsibility for my birth to the midwives and they also didn't know what to do in this situation. Realising that they were clueless, it became clear I needed to take back my power and do whatever could save me from the operating table. If my body knew how to get the baby out, I needed to listen to it, not to the midwives with their seemingly ineffective advice to lie down and change position from the right to the left and back to the right frequently.

So I listened intently to my body and instinctually started moving my hips from side to side while standing and encouraging my daughter to move into a better position. Luckily, this is when MY midwife arrived. She massaged my swollen anterior lip of cervix (very painful but effective). The baby's head had finally turned and soon I was holding my baby in my arms. Completely exhausted but very very happy.

After the initial oxytocin haze I started to analyse the birth. What went wrong? How could I have avoided all those hours of pain? Why was it that everything became so much more difficult as soon as the midwife arrived?

I read voraciously on the internet, informed myself about freebirths and it didn't take long until I had an epiphany. I was obviously not the only one who was affected so profoundly by the presence of certain people that an undisturbed birth became impossible.

Apparently, inviting strangers to one's birth can be a risk in itself.

At the same time I asked myself: If I ever had another baby, how could I make that birth a positive one? How could I be sure that the person attending me wouldn't inhibit me, mistrust my body or take away the emotional strength I needed to birth my baby?

I slowly came to the determination that my next birth would only be attended by people who did not fear birth. Would I find someone like that?

Shortly after the birth of our daughter, we moved to Sweden. Directly behind our house a deserted forest sprawled and I only had to go out the back door to relieve my constipation.

One day, on a stroll through the forest, I found it: the place our son was to be born. The ground was covered in soft moss and it was surrounded with fallen spruce trees mimicking walls. Next to it was a babbling brook. The forest was wild here, no hikers, mushroom collectors or runners ever to be seen. I was thrilled! From then on I made my way to this place frequently and imagined what birthing there would be like …

Once my husband had come round to the idea of birth in the wild I led him to my place.

My second pregnancy was very different to my first. I was just pregnant.

Antenatal care in my first pregnancy, specifically the frequent scans, had unsettled and irritated me. Now I was completely free and organised care for myself. Unbelievably freeing. I did, however, also have periods of doubt on this new path. Where would this decision to do my own maternity care lead me?

I was well and I could feel my baby move inside me, so I kept following my path. At first I considered going to the traditional appointments from a certain point in my pregnancy but as the point approached, I bristled. I felt like my bubble was going to burst if a stranger started measuring and judging our progress.

At some point I dropped the plan to access traditional care and was pleased to avoid the stress.

I had given up in my search for the perfect homebirth midwife ages ago. First of all there are hardly any homebirth midwives in Sweden and she would have had to travel far to reach me and secondly I would have had to pay EU2000 for her to attend the birth with no guarantee that she would actually be able to get to me on time. Thirdly, I would have had to convince the midwife of my forest birth plans.

So I did it without a midwife. And because I liked it so much I did the same for my third, fourth and fifth babies.

My medical degree played only a small role in my decision to walk this path alone. My studies did help me to see obstetrics with all its limitations and not to have false expectations.

As it stands we still haven't uncovered all the secrets of life. We still can't explain how the immune system works exactly or have the knowledge to eradicate common diseases like cancer or allergies.

When it comes to birth, medicine has a lot to learn still. We use an arsenal of monitoring tools and medical interventions to compensate for what we don't understand about true physiological birth, which in turn hinders or even halts the process of birth. And all this not because birth is so complicated, but because it seems so unpredictable that even experienced birth professionals fear it all their lives – fear that has to be eased with many interventions.

Luckily I know someone who knows exactly how birth works: my body. And it has proven this to me five times so far.

This is why I will always listen to my body to achieve a positive and safe birth. I don't want someone to make decisions for me when I can make better ones for myself.

Read on the next few pages how I experienced the freebirths of my second, third, fourth and fifth babies:

My first freebirth (second baby)

A good year after our eldest was born I was pregnant again. We had since moved to Sweden and I was yearning for a birth without anyone in attendance. My husband was less convinced. He had his doubts until the end.

My EDB was the 1st of July. After a false start just before that date contractions started a week later. I was lying in bed on the 8th of July at 11pm and felt a 'pop'.

I stuffed a towel between my legs, finished writing in my diary and thought: how interesting that it is starting like this! I told my husband, and because I could feel more and more amniotic fluid draining, I finally got into the shower where even more waters gushed out.

We were giggling like overexcited teenagers, but because nothing else was happening, we decided to go to bed as usual and try to get some sleep.

I couldn't sleep though. The baby was awake and moving around and contractions came every 5 minutes. I didn't have to consciously breathe through them yet but lying down was uncomfortable. I roamed the house.

Everyone was asleep and I felt anxious not to disturb anyone. Around midnight I went into the garden. It was quiet, I could smell the flowers and both our cats kept me company.

I vocalised through the more and more intense contractions, walked around, visited our rabbits and sat at the edge of the patio. As contractions got stronger and stronger I felt the need to go to my special birth place.

I had a basket that contained everything I felt I might need for the birth and with that I walked the 5 minutes along the forest path until I reached my spot. With its fallen trees, round stones and soft moss it seemed just as perfect for birth as it had months before.

I spread out the picnic blanket, listened to the silence around me and thought how very surreal this moment felt.

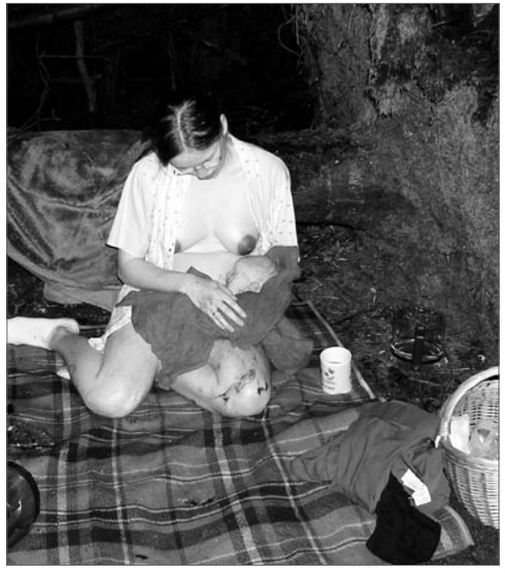
The contractions of transition came soon, and the initial chill soon disappeared. I couldn't stay still during contractions. After a tough transition and a few pushes, the head was born. The baby did an almighty kick inside me, I felt the shoulders turn and – whoosh – he was out.

I could just about see that it was 3.19am on this early Swedish summer morning.

A boy! I lifted him up, felt his heart beating and rubbed him dry. He didn't cry, but looked around curiously. I wrapped him in a towel, took a photo and called my husband on my mobile. He arrived shortly after and already knew we had a son by looking at his face.

We slowly walked back to the house. After a few steps I birthed the placenta on the forest floor.

At home I had a shower, we snuggled into bed and slept the rest of the night until morning.



My second freebirth (third baby)

My third pregnancy, a little over a year later, was uncomplicated and again, I didn't have any official antenatal care. My EDB was the 31st of May.

I assumed I would go over my dates again which is why I assumed the very noticable contractions on the 30th and 31st were of no significance. The false alarm from my previous pregnancy was still fresh in my mind. The contractions on the 31st were much stronger than the ones on the day before though.

As I was putting the kids to bed at 9pm I had to breathe through the contractions. My husband took over after 15 minutes. I went to answer some emails and told everyone on the homebirth forum of my harmless but regular contractions. Shortly after 10pm my husband came downstairs and suggested we shower and go to bed as normal and see what happened in the meantime.

In the bathroom I was cold and sweaty at the same time, my legs were shaky. My husband was concerned and asked if this was normal. I reassured him: Yes, this is normal in transition.

My rational brain had realised: Transition. But I hadn't really taken it in. It was far too early. The contractions felt far too weak. Anyway, we still wanted to take belly pictures and I had a shopping trip planned for the next day.

We decided to take some belly pics. We managed three during which I was complaining that a birth here and now was really not convenient. During the last picture I needed to push. I realised I needed a poo and ran towards the toilet. Next urge to push at the bathroom door and my waters went.

Now I realised. But I wanted to birth in our tipi in the garden! We put it up especially. So I grabbed the bag with birthy paraphernalia I had put together throughout the day and ran.

A few meters into the garden I needed to push again. A few steps further the next contraction and I could feel the head already. I was 15m away from our tipi but I could not move.

Finally my husband appeared. He brought coal and lighters to make the tipi cosy and luckily he also brought the video camera. Soon the head was born and with the next contraction, the whole little guy. I squatted down and let him slip into the grass. It was 10.56pm.

I picked him up and he looked at me with big eyes. We covered him with a towel as he started to complain about the cold. Then we sat in the grass and looked on in wonder.

It had been so quick.

Finally we went back to the house. The placenta had come out on the grass. Then I showered and all three of us snuggled into bed.

My third freebirth (fourth baby)

My fourth pregnancy, again a year later, went by without problems and without antenatal care.

Five days after my EDB I had a few definite contractions throughout the afternoon, just as I did a few days before. They got stronger in the night so I had to breathe through them but stayed 15 to 30 minutes apart, too far apart for imminent birth.

I forced myself to stay in bed and sleep in between contractions. At about 2am I couldn't bear to lie down anymore. I started to prepare the living room – it was too cold for an outside birth at the beginning of April. But while I sorted and tidied the contractions disappeared. So I went back to bed, where they came back in the same intensity as before.

Same the next morning. Occasional strong contractions. Soon it became harder and harder to fulfil the children's demands and breathe through contractions at the same time.

Again and again I escaped into the bathroom, locked myself in to breathe through a contraction and came out again to give the boys a banana, wipe a bottom or do whatever else small things need doing every minute with small children around. Now the contractions were closer together and required some vocalisation. The boys started to bother me.

Annoyingly, grandma was fairly far away that day and the back up, our neighbour, could not be reached. So my husband suggested he take the children away so I could birth in peace.

Such a suggestion from my husband! I was amazed.

But who would take photos and film? And I had promised our eldest that she could be present for the birth, but now she irritated me so much with her defiant behaviour that I just wanted to get rid of her together with the boys.

My husband eventually reached another neighbour. Around 11.30am she took the boys over. The eldest was allowed to stay after promising to behave.

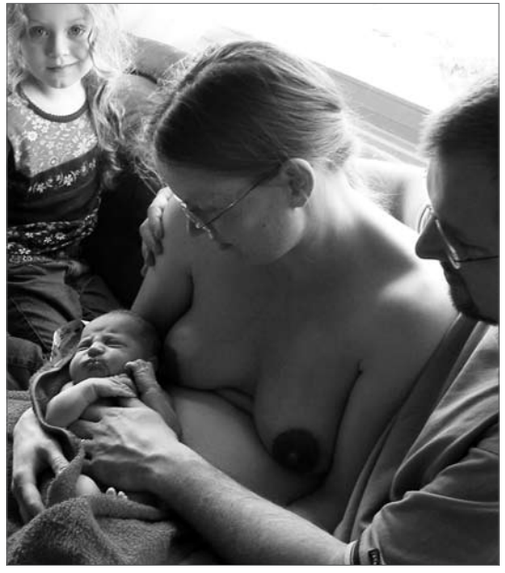
Finally there was peace and quiet in the house. I paced the living room. My husband returned quickly and settled down with our eldest and a book. Soon I was drawn into the playroom next door. I didn't want to be watched during the powerful contractions of transition. I tried singing which had always helped a lot but this time it brought no relief.

Then the first contraction that felt a bit pushy at the end. Finally!

'You can start filming now.' I let my husband know. Pushing felt best with me leaning onto something while standing up. It was hard, powerful and not entirely pain free.

Then I felt the head and in the next moment our baby slipped into my hands. A girl! We all marvelled at her, not least her proud big sister.

Then grandma came. She got the boys from the neighbour's house and they got to admire their little sister within an hour of her birth.



My fourth freebirth (fifth baby)

My fifth pregnancy, a little over 2 years later, was entirely unremarkable, just like the others and I was able to enjoy it – after the tendency towards sinus infections in the first few weeks, already familiar to me – until the very last day of being pregnant.

I didn't even encounter problems with my weak pelvic floor or painful joints – probably thanks to my standing work desk and therefore the avoidance of non ergonomic sitting.

We had been living in Alsace for a year, which means closer to areas with good midwifery care provision. However, in reality, the state of homebirth midwifery is nearly as abysmal here as it was in Sweden, and I didn't really need a midwife anyway.

Because my belly was rather big very early in this pregnancy I let a midwife have a feel around the middle of pregnancy to make sure I knew how many little ones were growing in there. It turned out to be only the one baby. What I could feel turned out to be uterine muscle which was much more developed in this fifth pregnancy than it was before.

Apart from this appointment with the midwife, I was happy doing my own antenatal care. I calculated this baby to be due in January – a winter baby.

One day past my due date I lay awake at night with regular contractions coming every seven minutes. I nearly needed to breathe through them but when morning came everything calmed down again.

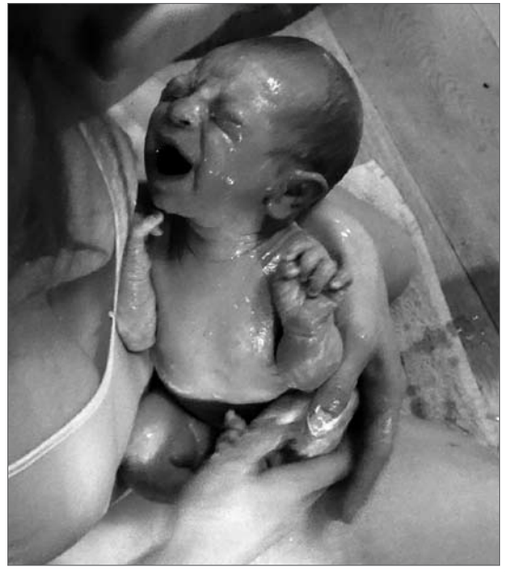
My uterus only became noticeably active 6 days after my due date but not strongly and with no regularity. When I went to bed at half past midnight I had a strong contraction. 15 minutes later another one. Then 12 minutes later, then 10 minutes, 7 minutes, 5 ... It was easy to breathe through them while lying down and because I was cold I didn't want to leave my bed. I quickly got a pair of socks as I had cold feet and put child number 4 who was sleeping next to me, on the potty. My spontaneous mantra to remain relaxed during the contractions was: 'These are only powerful uterine squeezes.'

The last contraction however made me flee the bed. We had invited a film crew for this birth and they had to be called on time. When I got up, I felt shaky and my brain analysed: Transition. Am I already this far? Now everything had to be done quickly!

So I woke my husband who sorted everything: Calling the film crew, filling the water butt (in which I wanted to give birth), lighting the stove etc ... Meanwhile I emptied my bladder and bowels into the toilet several times and went to the water butt.

I had my first expulsive contraction as the film crew arrived and my waters went ... the baby would be there quicker than the water butt could be filled. So supported by the water butt on the left and the book case on the right I tried not to push wildly with the contractions (though the temptation was most definitely there) but attempted to breathe the baby down a la Hypnobirthing. That's what I had planned to do and it worked surprisingly well with the contractions.

Then, at 2.41am, a good 25 minutes after I shook my husband awake, our third son was born. He began to breathe as soon as his head was born and when I held him in my arms he complained noisily about his fate. The older siblings had planned to be present for the birth but they were so fast asleep that we could not wake them up. I treated myself to one thing and didn't regret it one bit: A doula for my babymoon.



What to expect from this book

This is a very personal book. I will tell you about my thoughts and experiences and you will gain insight into other freebirthers' thoughts and experiences.

In this book you will find all the knowledge I have gained in the preparation of my own freebirths and in search of answers to other women's questions, from different sources of information.

What I wrote is also based on the experiences of other women who shared their birth stories on the internet. But I also utilised the written word and experience of birth professionals who dared to take alternative paths in obstetrics. I am mostly talking about Alfred Rockenschaub, Michel Odent, Weston Price (not a birth professional though, but a dentist with important insights on how to stay healthy naturally, even throughout pregnancy, and how to have healthy children), Gregory White, Grantly Dick-Read and Ina May Gaskin to name but a few.

Please don't expect a recipe for a dream birth! This is mostly a book to inspire instinctive thinking, innovative thinking, lateral thinking and non-conformist thinking. And to empower you to make informed decisions for yourself that come from the heart and are not influenced by fear.

It is there to help you trust your body and intuition more than all the other voices you can hear.

Don't worry: you don't need to learn this book by heart to be able to have a self-directed birth. A lot of the information in this book is there so that you can look up specific issues as and when you please.

With this book I want to give you courage to make the best decisions for you and your baby – whatever they may look like.

I don't want to exclude modern medicine from this book as it can be extremely useful when it is needed or when we choose to make use of it.

The more women are well informed about their rights, the quicker obstetrics will find its deserved place as humble servant to women and their children rather than the know-it-all guardian it is today.

In the next few chapters I devote myself to the most common questions around self-directed pregnancy and birth.

If you still have questions after reading this book, please feel free to continue to thoroughly research them to built a solid base for making informed decisions from.

About responsibility, fear and safety

Responsibility and other people's fear

When I was holding my first positive pregnancy test just over 8 years ago, there was no question as to what I was going to do next: contact my doctor. I immediately made an appointment. I never asked myself why or indeed, if I needed to, I just did it because it is what everyone does.

'I can't possibly take responsibility for that!'

This sentence uttered by my doctor made me realise for the first time the big change that had happened when I became pregnant.

I was sitting in the doctor's practice and had told her that I intended to have all my antenatal care with a midwife. I didn't particularly like the frequent visits to the doctor (as is common practice in Germany) and I had only chosen this one as she was closest to where I lived at the time. But now I felt patronised by this woman and was fed up. Although I hadn't yet found one at that point I was sure a midwife would be much more sensitive to my needs. I just needed to get away from this doctor.

The sentence 'I can't possibly take responsibility for that!' surprised me and kept echoing in my head. Why did she feel responsible for my choices? Wasn't I, pregnant or not, responsible for my own decisions?

Apparently people suddenly knew exactly what was good for me: I was not supposed to lift anything heavier than 5 kg. I shouldn't eat raw meat, raw eggs, raw dairy or certain seafood. I wasn't allowed to take bloods from my patients in the hospital anymore or in fact get too close to them at all. I was supposed to turn up at antenatal appointments to have my blood tested and my belly examined with ultrasound. The list was endless.

No one asked me if I wanted to do all those things or if I even thought that they were necessary, but it seemed predetermined that this was best for me as a pregnant woman.

All that was expected from me was compliance. As long as I complied, everything was ok. But as soon as I declined a blood test or voiced my desire for a homebirth things became stressful.

Clearly it was not me who was responsible for my pregnancy but others: my doctor and later my midwife. Responsibility means to take the blame when something goes wrong. And no one wanted to take the blame for the misfortune of a mother and her baby.

So I did what was expected: I didn't lift heavy things (unless nobody was watching), I didn't draw any blood from patients, was careful with 'germ free' nutrition, went to midwife and doctor's appointments without complaints and was very careful to only mention my plans to birth at home to trusted people. Wouldn't want to scare anyone.

And we have arrived at the subject of fear. The search for something going wrong, something pathological is even more noticeable at the doctor appointments than when seeing the midwife. And fear goes hand in hand with that. Is the little heart still beating? Does the nuchal fold thickness indicate a chromosomal abnormality? Are the blood results etc etc normal? Are all the organs present and correct? Is there enough liquor? Is the baby growing well?

As technology develops we get more and more answers to the questions our grandmothers never had to ask themselves. It suggests safety and control over something that is mostly out of our control and still a mystery to us in many ways.

Our pregnancies are influenced in one way or another by other people's fears. But the most treacherous of all is a birth professional's fear. That fear is sometimes masked in advice or sometimes even in tasteless manipulation and threats, when the woman declines consent for certain interventions. This sometimes results in labelling the woman as irresponsible and as a danger to her baby, or calling her in her own home because she is a few days past her EDB and has declined induction or doesn't want a caesarean section despite her baby being breech.

Obstetrics often uses fear to get women to fit with the norm to alleviate the fears of society in general and not least the birth professional's. If you find yourself in front of a 'fear mongering doctor' presenting you with a worrying diagnosis, you shouldn't make any immediate decisions or give in to threats.

It is preferable to sleep on it and get a second opinion from an experienced midwife. That way one can calm down and think in peace about what might be truly the best way forward for mother and baby. Once induced or on the operating table it is too late to turn back.

Nobody can force a pregnant woman to go to even one midwife's or doctor's appointment or go to a certain hospital for birth. Every woman is free to decide for herself, although in some countries (e.g. Austria) this free decision making is penalised with a partial withdrawal of the child benefit.

Dealing with your own fears

No woman starts her pregnancy from a neutral base. Impressions around the subject of having babies are formed long before that. We think we know what a birth is like through our own birth stories told to us by our parents, our friends, people around us and last but not least the media. Somehow the fear we are surrounded with becomes our fear too.

How much trust a woman has in her own body and its ability to birth a baby can vary hugely. Someone who was born at home herself and has grown up with the attitude that birth is something positive and achievable under one's own steam is likely to be more confident than a woman whose mother didn't want any more children as her first birth was so traumatic.

When we deal with other people's fears we also need to face our own. Instinctively we try to avoid it. We are scared to face our fears. We'd rather ignore them and find someone to take care of us and promise that everything will be all right. This is why the promises of modern obstetrics are so enticing.

It is easy to hand over responsibility. However facing your fears is necessary for a self determined birth. This means that one should neither ignore nor deny them, but look them in the eye. It is worth finding an answer to the following questions: What am I afraid of? Why am I afraid of it? How likely is it that my fear will come true? What will I do if my fear does come true? It is very valuable to answer these questions and it might even lead to the realisation that things are not as scary as originally thought.

Someone who is secure in her plans is also less influenced by external fears. For example, these days nobody would fear falling off the end of the world during a sailing trip, even if someone said that it might happen. This is because we are secure in the knowledge that the earth is round and not a disc.

To eliminate as many false expectations and insecurities I will address the very specific fears and worries that come up while thinking of a self-directed pregnancy and birth in the later chapters of this book.

For example: What are the signs by which I can tell my baby is well, without having it confirmed by a midwife or doctor? What if the cord is round the baby's neck during birth? What do I do with the cord and placenta after the birth? What if the baby gets stuck or there is a sudden emergency? For me personally, birth lost almost all of its uncertainty and unpredictability, when all those above questions and similar ones had been answered.

Women are very susceptible to specific and non specific fears in the first and last trimester of pregnancy due to the hormonal changes pregnancy brings. Even when all questions have been answered in a rational sense. In my fourth pregnancy I was still sometimes overcome with strong fear without any rhyme or reason.

Can we therefore assume with good conscience that all will be well? Generally, yes, as we can see looking at the world's population. It doesn't matter if you believe in evolution or creationism, it would be illogical if birth of all things was a process not designed to be successful. So the only question is, what can we do to keep this process, which is individual to all women and their babies, undisturbed?

But what about babies who die during birth? There will always be stories of loss. Not even the best technology and the strictest monitoring in hospitals can eliminate those. And looking at modern obstetrics, it seems that in its eagerness to make birth 100% safe it has gone the other way and caused more damage than positive outcomes in many cases.

Why? Firstly, because medical knowledge evolves constantly, quicker than ever nowadays. It is not set in stone for all eternity, far from it. Also, our own interpretation of history is subjective and influenced by our experience and thoughts. In this sense, the chasm between knowledge and intuition is smaller than we thought. Errors and relative truths exist on both sides and usually we get the best outcome by bringing both sides together.

Doctors of course deserve respect for their knowledge and experience, but we have to remember that even they are influenced by their own fears and experiences. Even if a doctor is very experienced in attending births in a hospital setting, he will likely see himself in the context of hospital routines and the experiences he had in this setting. He will lack knowledge about a mother's intuition and fully physiological, natural births. Medical advice can reflect hospital guidelines and the newest research findings, yet still not be appropriate for the birthing woman. This is why we shouldn't take any advice as absolute truth and rather listen to our intuition and get a second opinion from a trusted person.

Is midwifery care the best alternative to medical care? The knowledge and experience of a longstanding homebirth midwife can be invaluable, especially if the chemistry between mother and midwife is right. She can be especially helpful for a first time mother and, hopefully with absolute positivity and trust, help remove potential insecurities. Despite that, pregnant women should be aware that not everything the midwife may advise is right for them and, as already mentioned, even a midwife can bring fears to the table that really shouldn't be taken on board without further research.

The description of freebirth often suggests that the birthing woman is alone and completely left to her own devices, but this is generally rare and at least the woman's partner is in attendance. What role exactly family support may play and how it is possible to respect womens' autonomy without influencing her with fear, can be found onwards from page 115.

Nutrition as key for healthy pregnancy and birth

The recipe for success from ancient civilisations

Nutrition is one of the building blocks that helps create the basis for a healthy pregnancy and birth in which a doctor is not needed.

Though what actually makes for a healthy diet is not so easy to determine these days. Research findings and interpretations vary greatly and accordingly, recommendations are ten a penny.

Despite lacking our up-to-date knowledge and research many civilisations have lived in amazingly good health. Life expectancy was often short due to harsh living conditions, but even though many more people died from accidents and conflict, many others lived to a ripe old age of around 70. (Gurven 2007)

An obvious decline in health only happened when western diet and habits took over (Price 2010). This is why I feel that nutrition like that of our early ancestors makes the most sense.

Until the first half of the 20th century many explorers visited indigenous tribes, that mostly lived without contact with western civilisation and were still fairly common in those days. The explorers were amazed that common diseases were almost unheard of in their culture. Amongst them were: cancer, arthritis, asthma, dental caries, dental malocclusion, shortsightedness and a whole host of other degenerative, inflammatory diseases (Berglas 1957). They were equally amazed as to how quickly and effortlessly women gave birth to their babies (Price 2010).

One of those explorers was dentist and nutritionist Weston Price (1870–1948). He analysed the health of the indigenous people he visited and the nutritional value of their food and found that they consumed at least four times more calcium and ten times more fat soluble vitamins than the average American person.

Based on Price's findings and those of his contemporaries we can make valuable recommendations regarding nutrition that not only benefit pregnant women but also the population in general.

Rule 1: Sugar: very little and natural

In preindustrial times, sweet things were much desired yet rare. Our high sugar consumption plays a large, if not deciding part in the development of many modern diseases, like dental caries, most types of cancer (Quillin 2005) and diabetes as well as in the trend towards obesity. Instead of fat making us ill and fat, as is traditionally believed, it is the constant blood sugar spikes due to our high sugar consumption.

To keep blood sugar levels as even as possible under these conditions, our body constantly pushes sugar into its cells where it is laid down as fat. A high sugar consumption also changes vaginal bacterial flora, making vaginal infections more likely which in turn increases the risk of premature birth.

This change in bacterial flora can also be responsible for digestive disorders as well as autoimmune and chronic inflammatory diseases (Brown 2012).

The food industry adds sugar to virtually everything, and many people literally have withdrawal symptoms when eliminating sugar for a day. Giving up sugar is possible though.

Cutting out processed foods, establishing new habits and replacing sugar with good quality fats and protein is the way to do it. If the body still craves sugar after a couple of weeks withdrawing from sugar, a different important nutrient might be the culprit for those cravings.

Rule 2: Carefully prepared grains

Cultures that heavily relied on grains as their staple food spent a lot of time preparing those grains appropriately by sprouting, drying, grinding, sieving and fermenting. This produced a healthful product, even if consumed regularly.

Time is of the essence in our modern society however and therefore those practices have largely disappeared. People who want to eat healthily often count on whole grains and dietary fibre while overlooking that most of the vitamins and minerals in whole grains are tied to phytic acid (a so called antinutrient) and therefore are not bioavailable to our bodies without careful preparation.

This phytic acid is predominantly found in the outer hull of grains and protects the kernel from mould and pests but hinders absorption of nutrients by the body.

It is optimal to take the middle path when it comes to the consumption of grains as is the case in traditional societies. The outer hull of the grain is removed, but not so completely as to be left with white flour. This is how much of the nutrients are preserved. Fermenting then removes many of the antinutrients present in the grain. (Urbano 2000)

In addition to that a diet high in fat soluble vitamins largely neutralises the effect of any remaining antinutrients (Mellanby 1949). Sourdough bread is an example of traditional grain processing that has found its way into present times.

Rule 3: The whole animal is edible

Going to the shops we generally see chicken breast, perhaps legs and wings in the cooler. But where are the other parts of the chicken: neck, head, feet, bones, blood and giblets?

Organ meats especially are very rich in vitamins and minerals. Blood has lots of iron. Bones make beautiful broth that is superior both in flavour and quality to any stock cube (made from salt, flavour enhancers, vegetable oils and sugar).

Traditional societies valued and found use for every part of the animal, including the intestine, sometimes even including the contents. With rising prosperity, meals made from organ meats have gained the label of 'poor people's food' and have mostly been forgotten. We are missing out on the most vitamin and mineral dense cuts of meat. But because our way of eating is traditional to us, we don't realise that there is something not quite right with our diet.

The trend towards vegetarianism and veganism is also not reflected in human history so far. Apart from the odd cultural shunning of meat for religious reasons, all civilisations have made good use of meat, fat, dairy and co.

Rule 4: Fat is best

Muscle meat was not considered the best cut of meat in the olden days. American Indians much preferred shooting an old, fat buffalo, than a lean young one and their dietary intake nearly reached 80% fat on occasion. (Stefansson 1960)

Traditionally, fat was best in all cultures. They obviously lacked scientific background as to why, but because it was tasty and kept them full, they favoured animal fat. And they kept themselves healthy eating this diet, because: fat contains all those extremely important fat soluble vitamins (Vitamin D,A,K and E) that we often lack in our low fat diet. Due to that we increasingly suffer from caries, depression, osteoporosis or skin and connective tissue disorders, to name but a few.

Meanwhile we have accumulated plenty of studies showing that saturated fat is not directly connected with our lifestyle diseases (Ravnskov 2010). That would indeed be absurd as traditional cultures used to ingest (and still do) far more saturated fat than we do without suffering from our modern diseases. Furthermore it is now known that the body itself produces most of its

Practical Pregnancy

Pregnant?

Congratulations! You are pregnant!

A tiny little speck of life has started to grow inside you. With breathtaking speed it will turn into a tiny baby to hold in your arms and nurture at your breast. How amazing!

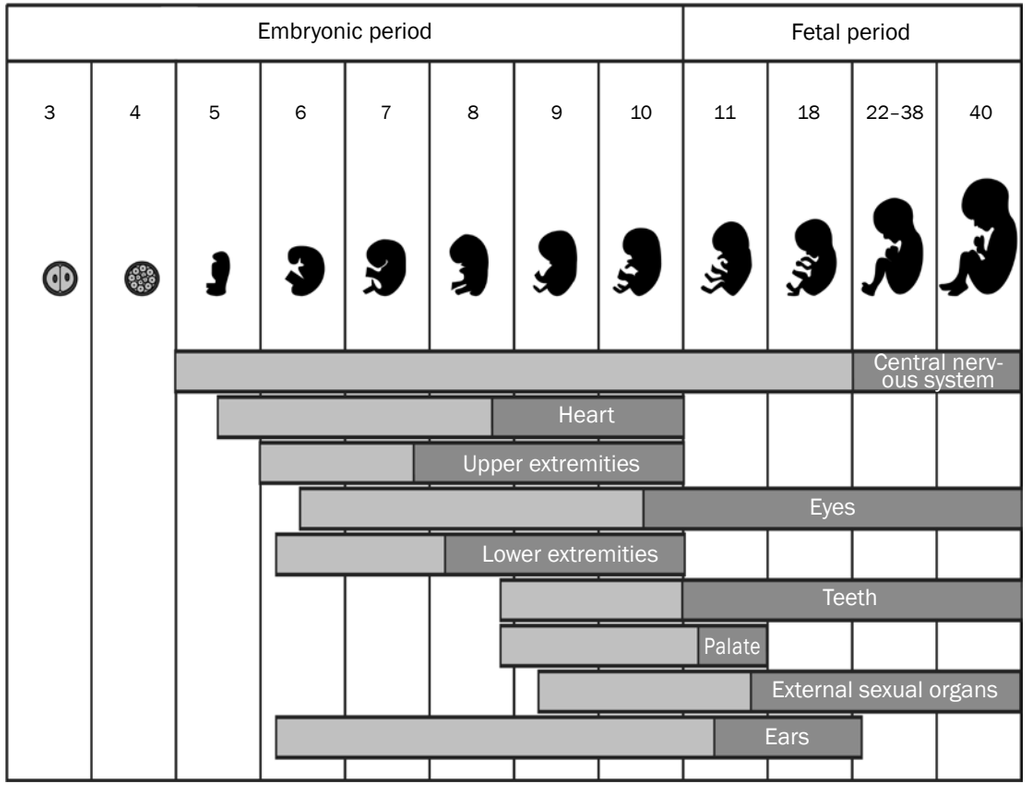
No scientist in the world can replicate what you are doing without even consciously trying. It doesn't matter if you are asleep or awake, your body is growing your baby all by itself.

The following graphic shows how your baby develops during each week of pregnancy.

The light grey areas depict the time period in which the structural basis of each particular body part is laid down.

The dark grey area shows the time period in which the development concludes, and after which time only growth with regards to size and weight takes place.

What happens in the weeks of pregnancy?



About moods and sensitivities

From now on you will spend a lot of time thinking about the tiny human inside you, and that is how it should be.

Maybe this baby is the result of trying to get pregnant for a long time. Maybe you had already given up hope. Maybe this pregnancy is entirely unexpected. Maybe you have previously lost a baby or had a termination. Maybe you are already taking care of a whole brood of offspring and you are worried that it is all going to get too much.

Whatever feelings you are experiencing now: your baby is a gift. Even when you are not rejoicing with excitement right now, one day he will bring you joy.

So now you know you are pregnant. I bet you already know what is expected of you as your next step. But you are not quite sure what is good and necessary for yourself in this pregnancy. Or you might know exactly what you will need but are not quite sure how to go about actually getting it. And already you are busy making plans. Do you have a name? How will the birth be? What will it be like with a new baby in the house?

Pregnancy brings many physical and emotional changes. Mostly responsible are your changing hormone levels and there is precious little you can do. Suddenly opening up the spice cabinet makes you throw up. Maybe you feel so sick that you are hardly managing to eat. You might all of a sudden fancy odd food combinations or feel so tired that you fall asleep in the middle of the day.

You could just start crying whenever babies are mentioned. Rudeness from other people really starts getting to you and you just want to isolate yourself from all the bad things in the world, even if previously you were a very outgoing person who never flinched away from any unpleasantness.

Your partner seems really insensitive now and you are constantly bickering. You always feel like you are absolutely in the right and when your partner comes out with things like 'You are obnoxious when you are pregnant.' or similar, you are even more enraged and feel like no one takes you seriously. Hopefully they will be understanding because pregnancy lasts quite a while.

It is not unlikely that you might also start to feel conflicted about your antenatal care. Maybe you had originally planned to go to all your appointments and now you don't want others to intrude into your happy pregnancy bubble.

Perhaps you didn't want ultrasound scans at all in this pregnancy, but in the weeks of waiting for the baby's first movements you felt worried and switched on the baby TV after all.

You will probably find that your emotions are all over the place, particularly towards the beginning and the end of pregnancy. Give in to the changes you are going through, accept the uncertainties and surround yourself with positivity. If your family is stressing you out, talk to them or reduce contact. If your doctor is annoying you, go to a different one, your midwife or neither.

Do what makes you feel good. Nap, give in to your cravings (but be careful with regards to sugar), surround yourself with positivity and enjoy your growing belly (despite potential discomforts). Talk to your unborn baby! It will bond you and in a certain way your baby can already understand you.

Dear mother, you are beautiful with your belly and your soft curves. What is happening inside you is as ordinary as it could possibly be but yet it is miraculous. You are growing life and will birth a tiny new human. Enjoy it. You are carrying a miracle and are miraculous yourself.

The best care

Established antenatal care offered by doctors and midwives is fairly similar in western countries. Protocol generally determines what sort of

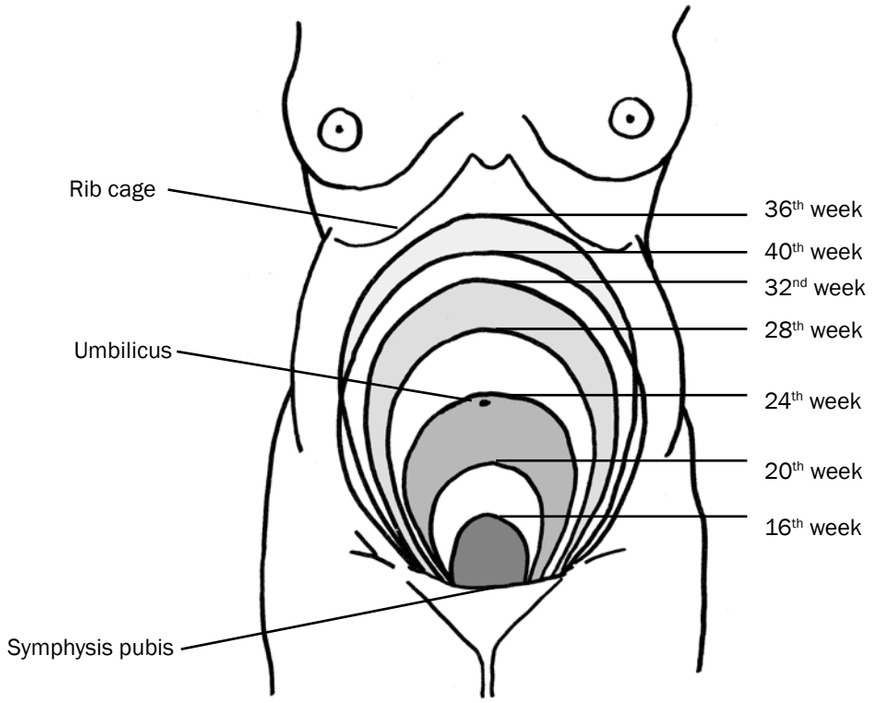


Figure 1: Fundal height
Fundal height in relation to week of pregnancy

- **Is the baby's heartbeat visible or audible?**

  The fetal heartbeat can usually be detected around the 7th week of pregnancy by ultrasound or between the 10th and 14th week by doppler (Sonicaid).

  However, it is not unusual to be unable to find a heartbeat even later in pregnancy, despite the heart beating away without problems. This can greatly unsettle a pregnant woman and listening in later rather than earlier may be a good idea.

  As soon as movements from the baby can be felt, listening in to the heartbeat becomes unnecessary, at least for the mother. After all, where there is movement there is a heartbeat.

- **Is there any swelling or varicose veins?**
- **How much does the pregnant woman weigh?**
- **What is the blood pressure?**
- **Were any issues detected during urinalysis?**
- **What were the findings from any vaginal examinations?**
- **HB levels** (if bloods were taken)
- **Any other relevant results.**

Ultrasound

Ultrasound was 'invented' in the Second World War to help detect enemy submarines. Soon its potential for medical purposes was discovered.

Ultrasound utilises sound waves at a frequency not audible to the human ear to produce images of bodily structures and tissues. Depending on density, tissues and fluids reflect those sound waves at varying strengths. Computers can transform this feedback into accurate, sometimes even three dimensional pictures.

During the 1970s, doctors started to use ultrasound to find answers to questions arising during high risk pregnancies. Quite some time has passed since then and ultrasound is now routine for almost all pregnancies and births.

Germany was the first country to start using ultrasound routinely and still remains the country with most frequent use of this technology. (Erikson 2008)

If the use of ultrasound had made pregnancy safer, it would perhaps be possible to ignore the fact that it has never been appropriately researched with regards to its potential effects on the unborn baby. The fact that false positives during ultrasound examinations contribute to the boom in caesarean sections whilst overall safety remains unchanged for mother and baby (Ewigman 1993) leads to the interpretation that routine ultrasound may be detrimental to the health of mother and baby.

Various studies not only point towards a potential to damage the DNA, cells and in particular the brain, but have also found a higher risk for heart defects, language delay and behavioural issues as well as miscarriage, prematurity and stillbirth. (Lorenz 1990, Saari-Kemppainen 1990, Davies 1992, Newnham 1993, Cambell 1993, Beech 1996, Ang 2006)

Many experts are particularly critical about doppler scans to measure blood flow through maternal and fetal blood vessels (Davies 1992) as well as early pregnancy scans up to the 12th week of pregnancy when organ formation is still taking place (Chervenak 1999). Moreover, direct scans of the fetal skull are suspected to have a negative influence on brain development (Tarantal 1993, Ang 2006).

There are also some studies that did not find a connection between ultrasound examination and fetal development. (Torloni 2009)

However, the studies mentioned are mostly from the beginning of the 1990s or older. Ultrasound intensity has increased six to eight fold since then, so the subject of routine ultrasound remains controversial and the question of safety has not yet been fully answered. This is why many experts recommend women only have the bare minimum number of scans to avoid unnecessary exposure. (Caviness & Grant 2006)

Many pregnant women await their scans in feverish anticipation and fear and are very relieved when they get the confirmation all is well afterwards. In the first trimester of pregnancy it is possible to trust our instincts but it really is difficult to find anything else to reassure us, due to not yet being able to feel the baby.

Only ultrasound can actually show us what is happening inside of us. But is it sensible, just because it is possible?

Besides the potential effects on the newborn, sonographers can get it wrong in their pursuit to assess the health of the baby. I have read many an account where a baby was presumed dead (a heartbeat could not be detected repeatedly and a D&C was recommended) but turned out to be alive after all and developed normally.

It might not be a frequent occurrence but presumably pregnancies that were perfectly normal and wished for, have ended in scenarios such as this.

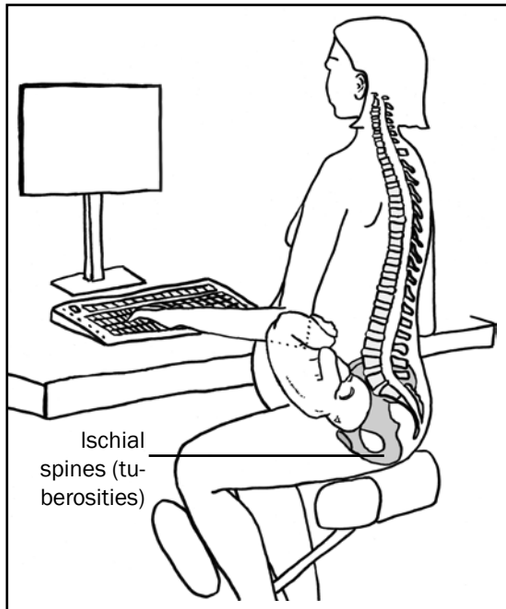


Figure 5: Upright position + fetal positioning
An upright position encourages a optimal fetal position for birth.

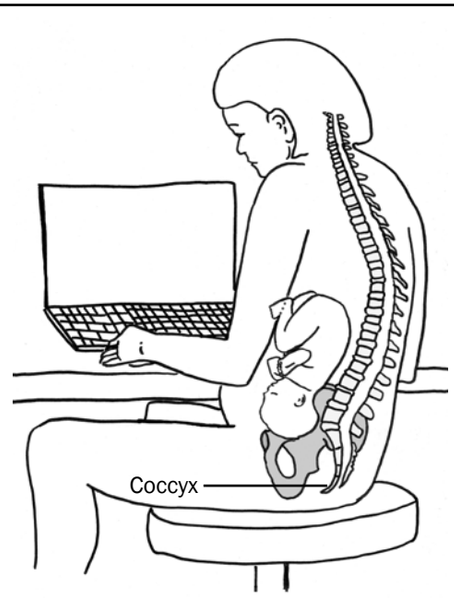


Figure 6: Hunched up posture + fetal positioning
Hunched up posture can lead to suboptimal fetal positioning for birth.

Sloppy posture (Figure 6) is marked by a tilted pelvis and sitting on your coccyx, instead of distributing your body's weight on the ischial spines. As can be seen on the illustration, the coccyx is pushed into the pelvis during hunched sitting and the back has to compensate for the pelvic tilt by being in a hunchback position.

Frequent sitting like this (not only in front of the computer, but also on the sofa), can encourage the baby's back to lie in the curve of the maternal back. Unless the baby turns at some point, it will be born as a stargazer. This can make birth more difficult, as already mentioned. To coax a baby into a better position, you can do the following while pregnant (El Harta 1995, Sutton 1996):

- Spend some time on all fours daily, especially when the baby appears to be having an active phase.
- Three times daily, spend 20 minutes on your knees, with your bottom in the air and your chest close to the floor (Knee-chest-position, Figure 8b)
- Make sure you sit with a straight back
- Either kneel or sit upright, perhaps propped with a V-pillow or on a kneeling chair.
- Go swimming
- Do Yoga
- Dance or stay mobile with other gentle, varied movements. The baby learns movement patterns from the mother's activity.
- Squat: regularly practice squatting down. It doesn't have to be a deep squat, a supported squat with a low stool under your bottom will do as well (but don't hunch your back). More about pelvic floor exercise and squatting on page 132.

Breech presentation

A baby that is lying with its bottom down in the pelvis can be detected by feeling its head directly under the mother's ribs. It is much more firm than a baby's bottom and one mother told me that she can tell it is the head by getting it to tuck in when poking it. This is most definitely not possible with the baby's bottom. If the bottom is down in the pelvis, it is also possible to feel kicks into your bladder.

More about birth with a breech baby on page 106.

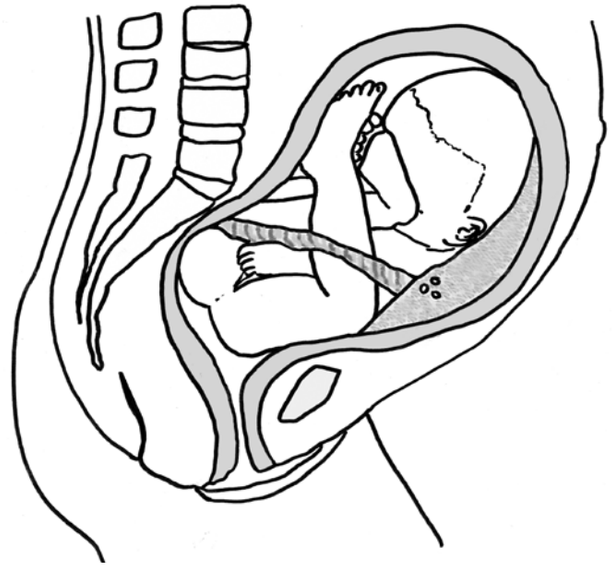


Figure 7: Breech presentation
A breech baby's bottom or feet are born first.

The following exercises can help turn a baby from a breech to a cephalic presentation (Tully 2012). Illustration on next page.

Please make sure you tolerate these exercises and don't feel unwell during them. If you feel unwell or sick, the baby may mirror this, so it would be better to try other alternatives.

- Kneel on the sofa and put your hands on the floor, for approximately 30 seconds, two or three times daily (forward leaning inversion, Figure 8a)
- Spend time in an all fours position, especially when the baby is active
- Lying on the floor, rest your legs on the sofa and elevate your hips with a pillow or similar, once or twice a day, for about 10–15 minutes (Indian Bridge, Figure 8c)
- Head or shoulder stand (Figure 8d)
- Lean a board (for example an ironing board) against the sofa and stop slippage with cushions or similar, then lie down on the board, with your head on the low end, for 20 minutes, three times daily (breech tilt, Figure 8e)
- Lie on your side, close to the edge of the sofa (get someone to support you so you don't fall) and let your upper leg drop down the edge of the sofa without twisting your hips or the rest of your body. This exercise is called 'side-lying release' and is supposed to release muscles in the pelvis to enable the baby to engage its head (Figure 8f).

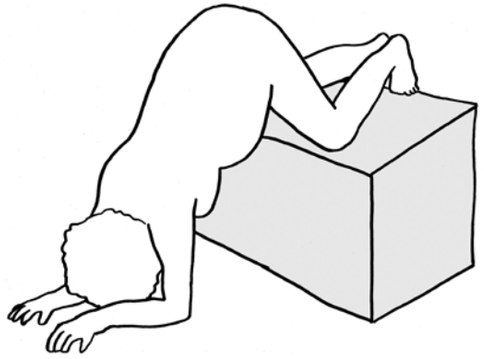


Figure 8a: Forward Leaning Inversion

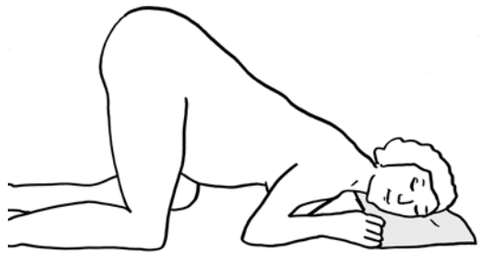


Figure 8b: Knee-Chest-Position

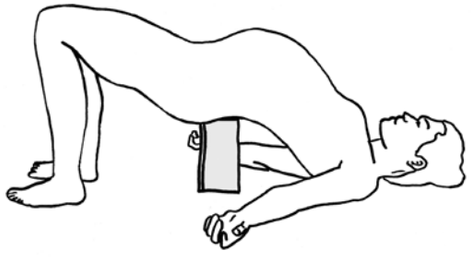


Figure 8c: Indian Bridge

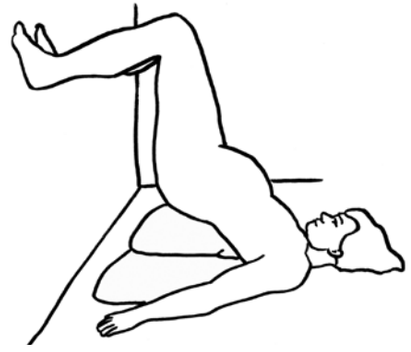


Figure 8d: Shoulder Stand

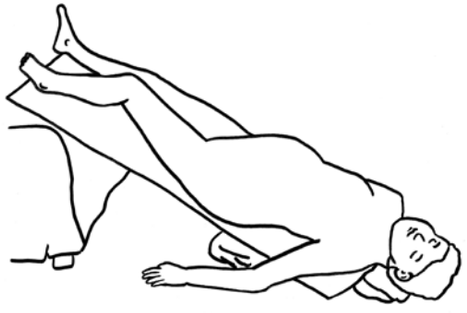


Figure 8e: Breech Tilt

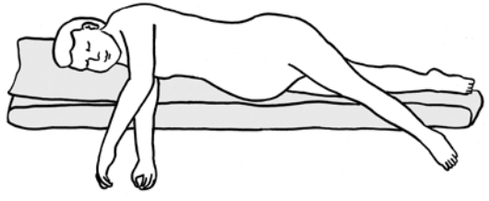


Figure 8f: Side-Lying Release

Figure 8a–8f: Exercises for optimal fetal positioning
Different exercises can help to optimise the baby's position before or during birth.

Transverse and oblique lie

In the weeks before birth, babies are rarely in a **transverse or oblique lie**.

The **transverse lie** is hard to miss. Unlike a breech presentation, a transverse lie is impossible to birth naturally. The baby's spine forming a cross with yours, you can feel the bottom on one side (right or left) and the head on the opposite. The back is lying across your belly and your belly bulges on both sides.

An **oblique lie** is not quite so easy to detect. The head is not central in the pelvis but sits just off centre over the top of the pelvis.

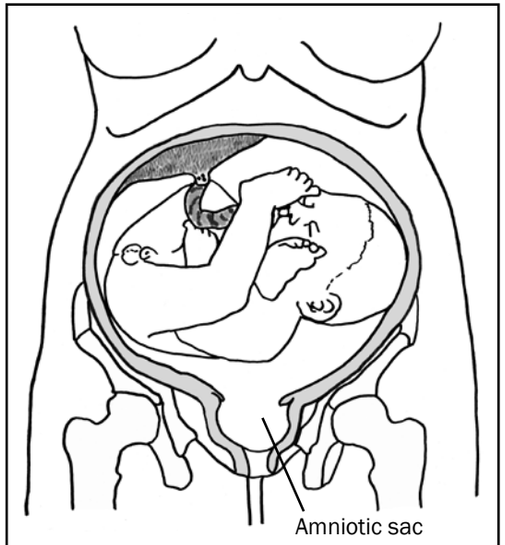


Figure 9: Transverse lie
The spine of a baby in transverse lie forms a cross with the mother's spine.

Transverse and oblique lies can occur when there is a lot of amniotic fluid (polyhydramnios), fibroids (benign growths in the uterus) are present, a placenta is in the way or the mother has simply had several babies before and there is plenty of room. It could also be the case that the natural inclination to be head down is not present in the baby just yet.

Most babies however do turn head down eventually if we give them time, either before birth or when contractions have started. The same exercises as for breech babies can be used to coax a transverse or oblique baby into the pelvis.

Whenever a baby is reluctant to engage into the pelvis, treatment by an osteopath, chiropractor or another manual therapist can be helpful. Adjusting and aligning the pelvis can make it easier for the baby to find the optimal position for birth.

You can also talk to your baby if it is in a suboptimal position for birth. Even though of course they won't understand word for word, they can feel your intention in a certain way and often respond with swift turning manoeuvers. It can be particularly helpful to clearly imagine for yourself, where exactly you want your baby to be and support the move with your own hands. It seems some children already require firm guidance at a very young age.

Other ways to determine the baby's position

If you have a **fetoscope** – a device similar to a stethoscope to listen to the baby's heartbeat – you can use the location in which you can hear the heartbeat the clearest to determine the baby's position. Or you can ask someone to find the heartbeat with a **Pinard**.

Personally, I didn't find a **stethoscope** helpful in finding the fetal heartbeat. Apart from some exceptions I mostly found my uterine artery pulse and the whooshing of the placental vessels, despite trying hard. In any case, if using one, don't touch the tubes of the stethoscope while listening in and use the bell rather than the membrane to listen if possible.

Another indicator of baby's position is where you can feel **hiccups**, because the origin of the hiccups is the diaphragm. Right up until the end of pregnancy there is nothing so noticeable, apart from movements, as the baby's recurring, sometimes violent, hiccups. This strengthens the diaphragmatic muscles used by the baby to inflate its lungs and breathe after birth.

Unfortunately fewer and fewer twins are born naturally due to safety concerns these days. This is why it is especially difficult to achieve a birth free of intervention in a clinical setting with twins on board.

For this reason alone, I would prefer a birth at home to a hospital one, even for two babies, as long as the pregnancy was normal.

Unfortunately, the knowledge about the different sort of safety that comes with a birth in private is scarce, so that pregnant women who are not experienced doctors or midwives themselves, easily find themselves having a wobble during their decision making.

Bleeding

Bleeds can have a variety of reasons. In early pregnancy, one in five women experiences spotting.

Painless, small bleeds can be caused by a luteal phase defect. These should have stopped by week 12, 16 at the latest as the placenta fully takes over hormone production at that point.

If the bleeding is due to implantation of the embryo, it should happen a few days before your expected date of the next menstrual period, as the fertilised egg nestles into the uterine lining 4-6 days after fertilisation and the blood from this process takes a few days to make its way to the outside. This bleeding is also light and painless.

Sometimes bleeding can point towards an ectopic pregnancy (between the 6th and 12th week of pregnancy) or a beginning miscarriage. This is mostly accompanied by cramps and/or pain.

A placenta praevia, a placenta that is close to or covers the cervical opening, is also associated with bleeding. Bleeds in later pregnancy are generally caused by placental problems, such as a marginal placental abruption from the wall of the uterus. A placental abruption is a complication sometimes seen after a change in intrauterine pressure or volume. It is usually accompanied with diffuse pain and is a rare complication, often caused by trauma (like a car accident) or intervention (for example an external cephalic version for breech presentation). This can compromise the baby's health acutely.

A definite reason for bleeding can often but not always be found via scan.

In the case of a big fresh bleed up to the 24th week of pregnancy, medicine can generally not do anything to save a potentially compromised baby.

A baby with a compromised blood supply is usually so quiet that the mother either feels reduced movement or none at all, making her concerned about the baby's well being. The justifiably worried mother will go to the doctor or hospital to find out from a scan if her baby is still alive or to birth a baby that has died. If the blood loss is such that the woman is not unduly worried and she does not feel weakened by it, seeking medical attention is not absolutely necessary.

A heavy bleed after 24 weeks is often due to a partial, premature separation of the (sometimes low lying) placenta from the uterine wall. Beyond 24 weeks the chance of a prematurely born baby surviving with the help of modern medicine increases considerably. In that case it is important to attend a hospital that has a neonatal intensive care unit and free space in it.

Before or with onset of contractions for birth, women often have a 'show'. This is usually a light bleed that goes hand in hand with the softening and opening of the cervix and the mucus plug that seals it coming away.

This is usually harmless and heralds the start of labour in the near future.

If you notice a heavy bleed late in pregnancy however (like a continuous trickle) without birth being immediately imminent, you need to seek emergency care straight away as this is a (rare) true emergency.

When pregnancy ends too soon

Miscarriages unfortunately happen and the cause will rarely be found. The woman generally has a bleed, goes to the hospital for a scan to find out if the embryo is still alive or not. If no heartbeat can be found after repeated scans, a dilatation and curettage (D&C) is generally advised.

In my training I have seen the theatre forms for the D&C prepared in the same consultation that confirmed the miscarriage. The woman was not informed of the option to await events and let nature take its course. Hopefully that does not happen in many places anymore.

A D&C is a surgical procedure in which the cervix is opened slowly with dilators that gradually increase in size. Then the contents of the uterus including the uterine lining are scraped out using a sharp spoon like instrument called the curette (hence the procedure being called 'curettage'). The released tissues are then suctioned out of the uterus. The procedure is similar to some abortions up to the 12th week of pregnancy.

Despite it being a routine procedure (that is often done by junior doctors) it is not without dangers. The uterus is much softer due to the hormones of pregnancy and in the worst case scenario, can be perforated or have too much tissue scraped off. In a subsequent pregnancy the placenta may potentially implant into the scar tissue caused by this and have issues with separation after birth. The areas of damage are fortunately not big enough to hinder the birth of the placenta in another pregnancy though.

Studies have not found a connection between placenta accreta (a placenta that is morbidly adhered to the uterine wall and won't separate from the uterine wall after birth) and D&C although it might cause problems in individual cases. (Gielchinsky 2002, Beuker 2005)

It is more likely that a small piece of placenta stays behind in the scarred areas in the uterus, causing increased blood loss after birth (Lohmann-Bigelow 2007). When examining a placenta grown into uterine scar tissue after birth one can often find uterine muscle fibres attached to it. (Jaques 1996)

A D&C should not be performed overly quickly, without careful thought or perhaps with the thought that it is the kindest thing to rid a woman of her dead embryo as quickly as possible. It is important and helpful for a woman's grieving process to take all the time needed to say goodbye to the unborn child.

Normally it is not at all dangerous to await the natural birth of an embryo that has passed away. Even when medical personnel often unlovingly speak of a 'spontaneous abortion' you should be aware of the fact that this is a small birth. Certainly one that has happened far too early, but your body reacts much like it does after a full term birth hormonally. Many women are not prepared for that and often feel very alone when, for example, the milk comes in. A midwife can be very helpful for support and advice. Should there be complications like persistent or heavy bleeding or a temperature you can always seek medical advice.

All this is also relevant when the dead fetus is already bigger. Especially in those fairly rare cases, it seems important for the grieving process to give your body time to let go of the baby naturally.

Women who have already had one or more D&Cs can of course approach pregnancy with confidence despite this. On the whole, apart from a slightly elevated risk of increased blood loss after birth, there are no correlated complications compared to women without a D&C in their history. (Lohmann-Bigelow 2007)

Practical Birth

To start with: good and bad births?

Birth can be a wonderful, life affirming event. For various reasons though, many women nowadays experience their births as humiliating, traumatic and violating. It does not have to be that way and I hope that this book opens doors and enables you to follow your heart and not other people's fears.

It is not my intention to add fire to the flame of envy and competition. Every woman should live her life as she sees fit and birth in the way she feels is right for her. The ability to birth our babies is innate to us, effortlessly. Freebirths are not showing off. Rather they show what is possible when we trust the process of birth and consciously create the optimal environment for our births.

Of course it is possible to make good and bad decisions with regards to birth – it happens all the time, influenced by our experience, fears, circumstances and character. And we should always be careful not to judge others, only because they act, experience and think differently to us.

No mother should ever feel inferior because she didn't manage to have a practically pain free, amazing freebirth. A woman who managed a freebirth with flying colours should never look down on those who didn't manage to or didn't want to. Our backgrounds and lives are just too varied.

Of course there are those – often young and inexperienced in physical things – women who simply go with standard care and have their babies delivered in the hospital and then, when things have not gone to plan, feel grateful they have been 'rescued'.

But honestly, most of us have only become aware of alternatives after negative experiences with mainstream care.

Many women find it difficult facing their fears and happily hand over responsibility for all things to do with pregnancy and birth, and therefore their own bodies, to birth professionals. They push traumatic or abusive experiences during their antenatal care or birth to the back of their mind, and not everyone is strong enough to swim against the tide of societal norms.

Everyone has to live with the consequences of their decisions and we should share our experiences and knowledge to help others make decisions for themselves and their offspring. The more women dare to take the birth of their children into their own hands and talk about it afterwards, the more our voices will be heard.

Every woman who birthed her baby under self direction can help change how society sees pregnant and birthing women. And it is how more and more women realise that there are alternatives to mainstream antenatal and hospital routines.

Apart from medical complications which make a hospital birth necessary, sometimes fear from which a woman cannot free herself makes her choose a hospital birth. We are cultural beings, and doing what is prescribed by our culture and tradition makes us feel safe. We expect certain things to happen because we have always heard and seen it that way. Women who experience a birth (unexpectedly) outside of the hospital, often experience the event as very dramatic and traumatising.

We are culturally conditioned to fear death during birth if we don't birth in the hospital or mimic some of the universally accepted models of care.

How deeply we are conditioned becomes clear by looking at certain YouTube clips: Women who have been moving freely during birth and spent the expulsive phase of labour squatting, suddenly lay down on the floor in the stranded beetle position and let their partners pull out the baby.

However, hospital births that women look back on with joy for the rest of their lives do exist. Sometimes women write to me, tell me about their wonderful, intervention free hospital births and complain that we home and free birthers always connect hospital births with horror and fright.

Of course that isn't the case. Amazing hospital births exist. But looking at the numbers, it becomes clear that birth without interventions are the exception in hospitals and not the norm. In Germany only 8.2% of low risk women have no interventions (Bauer 2010). In contrast, we have a rising caesarean rate of over 30%.

Despite that, many mothers are happy with their hospital births. Even if the birth does not go to plan, expectations (whatever those might be) are fulfilled and that seems enough to satisfy most.

Midwives often report that they encourage women to move around and stay upright during their contractions, but the women prefer to lie on the bed and have an epidural. Those women don't want anything 'newfangled' or natural, but want to birth their babies the way that correlates to their culturally formed view of birth.

Hospital surroundings, with the bed as central point in the room, certainly encourage women to quickly adopt the role of the patient, even if they hadn't planned to. To counteract this, it would be helpful to redesign the layout of hospital rooms and move the immobilising bed into the background.

In terms of physiology, it is without doubt best for mother and baby if a birth happens instinctively without the use of medication and invasive intervention. Some women birth so effortlessly even in the hospital that a birth at home could not possibly have resulted in less intervention.

I'm certainly not in the business to tell happy hospital birthers they should not be happy. If they got what they needed there, who am I to tell them otherwise?

However, women who are unhappy with this standard type of care ought to be aware that there are alternatives. When I released my birth videos on the internet I didn't do so to show women that I could birth better than them. Women have been birthing their babies like that or similarly for millenia.

Every woman is made to birth her babies under her own steam. But society has robbed us of our inner confidence in our bodies and currently we are awfully far from what used to be simply normal for the majority of the history of humankind.

This does not mean that every woman should give birth in a forest or standing up in her living room. The choice of place of birth is a very personal decision, influenced by a variety of different factors. But I would like to show what is possible and widen horizons. We are often so caught up in our cultural humdrum that we are missing out on all the other beautiful paths our lives are offering us.

A completely physiological birth

Textbooks generally distinguish amoung four distinct stages of labour and birth:

- The **first stage of labour** in which the cervix is starting to open.
- Transition.
- The **second stage of labour** during which expulsive contractions help the baby be born.
- During the **third stage of labour** the placenta is expelled.

Being aware of these stages can be helpful, especially if you are aware of what they might feel like. Having said that, eve-

seems firmly plugged in the pelvis, hugged tightly by the lower segment of the uterus or is still movable over the symphysis pubis.

You can also feel via the vagina if the head is tightly engaged or is still easily pushed out of the pelvis with your fingers.

The risk for cord prolapse is only around 0.3%, even including premature births, artificial rupture of membranes etc and is therefore very low (Koonings 1990, Kahana 2004, Boyle 2005). This is quite disproportionate to the fear many women hold of this emergency.

... I have an anterior lip of cervix, like I did during a previous birth?

Sometimes the midwife can feel a lip of cervix once the cervix is nearly all the way open. Often women are told not to push until the lip is gone. A midwife can massage or push such a lip of cervix away if it is causing pain or becomes swollen. This is generally very painful for women.

So, what about this ominous lip of cervix? The cervix does not open as an even circle as it is generally illustrated in textbooks, rather more like an oval depending on the shape of the baby's head and from the back to the front, yielding to the pressure of the head (see illustr 13).

So the last bit of opening happens at the front, particularly if a previous caesarean scar is present.

On the whole, the presence of an anterior cervical lip is quite normal for a certain amount of time. But this last bit of cervix left to open can cause pain and discomfort, especially if the baby's head, which plays a huge role for the opening of the cervix, is not optimally positioned. A woman can even push this lip of cervix away herself, easiest on all fours. It is located at the front of the vagina, right behind the symphysis pubis.

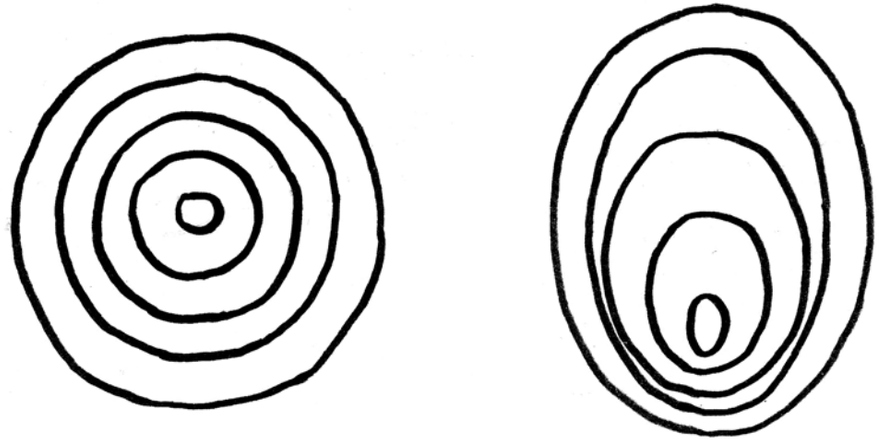


Figure 13: Opening of the cervix during birth from 0 to 10 cm
On the left, theoretical progress, on the right, actual progress.

... there is fetal distress and I don't notice?

There are various reasons why a baby might be compromised in utero during or even before birth, resulting in abnormal heart rate.

Unfortunately the monitoring of the baby's heartbeat via a CTG (cardiotocograph) machine often leads even experienced birth professionals on the wrong path and has unfortunately not improved safety during birth. Quite the opposite: a CTG monitoring is far too inaccurate to evaluate fetal well being. The only thing it has value for is checking the presence and absence of a fetal heart beat, everything in between is like an oracle.

No cardiologist would feel confident evaluating the condition of a heart patient, just by looking at a tracing of the heart beat. The current reliance on the heart rate tracing from the CTG machine is likely one of the main reasons for the increasing caesarean rate.

The most important and reliable measure of the baby's well being is the woman's perception of her baby's spontaneous and reactive movements. Women can feel those without technology and they are more reliable than CTGs.

But you should know that the baby's heart rate does not simply deteriorate suddenly. Generally this requires an induced labour or an abnormally long and arduous one (perhaps due to the position the mother is in) that leads the baby to inadequate use of glucose or an electrolyte imbalance.

Other reasons for abnormal heart tracings and distress in the baby can be other interventions, or perhaps a pathology in the baby, such as a malformation of the cord and/or placenta.

Often the baby's heart rate slows in a compensatory manner for a few moments towards the end of labour or becomes difficult to listen to, which often leads to rush and panic in a hospital environment.

However it is within normal parameters for the baby to show a slowing of its heart rate for a short time due to the strain of the expulsive contractions in the second stage of labour. The stress that often goes hand in hand with this in the hospital is generally of no benefit to anyone and the mother often ends up with a syntocinon drip or other intervention which does nothing to alleviate the baby's potential distress.

... there is meconium?

Meconium stained amniotic fluid is not a sign of distress in the baby by itself (Unsworth & Vause 2010) but can be an indicator for distress in combination with other signs. Thick meconium in liquor is more likely to be a problem than light meconium staining.

As everyone knows, babies pass urine in utero but the mother's body is very good at fluid exchange and soon the amniotic fluid is clean again. Babies only tend to poo once they are born, but not always. Especially babies that are past their EDB sometimes do their first poo in utero.

When your **amniotic fluid is stained green**, there are three possibilities:

1.) perhaps the baby pooped because it is stressed or afraid
2.) it needed a poo
3.) the normal stress of labour prompted the baby to poop

Only a small percentage of babies remains distressed after pooing in utero.

Further action would depend on how labour has proceeded so far and I would ask myself the following questions:

- Is this birth going well or are there any abnormalities?
- Is the baby moving adequately and does it seem well?
- What is the mother's gut feeling?

Checking the placenta

The placenta is a soft, flat organ that is similar to raw liver or pancake (from the latin placenta = cake) in consistency and appearance. To take a closer look, put it on a large flat plate.

The first thing you will notice is that the placenta has two different sides. The smooth side faces the baby during pregnancy and has the cord attached to its middle. You can see any vessels running towards the cord's attachment in the centre, forming a starlike pattern.

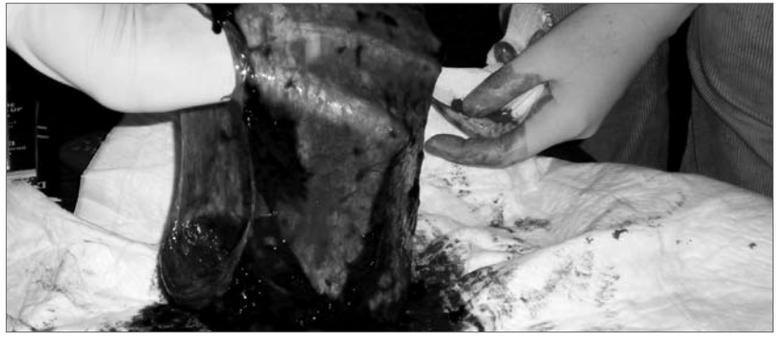
The opposite side was attached to the uterine wall. It looks like a gently hilly landscape or even like the surface of a cauliflower. White hard dots are calcifications that can occur towards the end of pregnancy.

The side that was attached needs to be checked for completeness. If single hills or parts of hills are missing and parts of the surface seem like they have chunks pulled out, it is likely there are placental leftovers in the uterus still. Generally though, after a normal, pain free placenta delivery, the placenta is complete. Should this not be the case and to learn how to spot this, see page 134 for the subject of lochia.

The membranes that surrounded the baby in utero are attached to the margin of the placenta. If you spread them out with your fingers, it is easy to imagine how they contained the baby. You can also see the tear in the amniotic sac that released the baby.

This is the side facing the baby. In the middle you can see the attached cord (shaped into a heart), note part of the membranes on the margin.

Typical structure of the opposite side of the placenta, membranes visible surrounding it.



After birth, check that the placenta is complete. A midwife can do this (as on this occasion, hence the gloves) or you can do it yourself. The baby exited the amniotic sac through the tear shown.

So now you have a baby and a placenta. What to do with the baby is mostly obvious. But what do you do with the placenta?

- You can simply and unromantically **put it in the rubbish bin** (much frowned upon in the UK as it can lead to a search for an abandoned newborn if discovered, however unlikely this may be)
- A fairly well known tradition is to **bury** the placenta and plant a tree on top of it.
- Some like to make a placenta **smoothie** with a piece of the placenta. You can design it to your own liking.

  Here is a sample recipe:

  1 piece of placenta (approximately 8cm in diameter)
  1 banana
  2 handfuls of berries
  50–150mls water
  And blend.

Raw placenta is said to help the uterus shrink back down to pre pregnancy size and increase milk production. To achieve the same thing you can also have a homeopathic remedy made from your placenta. Placentas disposed of in hospital often end up in the cosmetic industry.

If you are not quite sure what to do with your placenta, you can always freeze it for the time being. For more creative suggestions regarding the placenta, there are some books on the market you can check out.

Freebirth under difficult circumstances

When you don't have any support

Many women manage to convince their other halves that a freebirth is the best thing for them. However, some men can not be convinced of such plans despite extensive efforts. Not even if you promise the attendance of a midwife. The last thing you need in labour is a partner who is afraid and calls the ambulance as soon as something seems 'dangerous' to him.

In the case of an anxious partner, you have three options:

- You do what your partner wants and go to hospital to have your baby
- You come to a compromise. Find a solution agreeable for both of you by changing your preferences a little bit. The outcome depends on your bargaining skills.
- If your partner does not support you, do your own thing anyway.

I have read women's stories who kept labour a secret until it was too late to go anywhere, an ambulance could not be called in time or who managed to send their partners on a lovely trip into town or on a day trip with friends etc.

Another problem can be a husband being in full agreement but other family members being difficult. Not only verbally but in a very creative and aggressive manner.

Reports to police about a husband keeping his wife from going to the hospital have happened. As have visits from social services and police.

Couples have left their homes and taken up residence in hotels or elsewhere to escape from well meaning family and have their babies in peace.

These stories show that you need to be careful who you tell of your freebirth plans. Sometimes it is better to be vague and only go into details after the event.

Even then it can be difficult to calm down shocked friends and family.

The baby is born

The first hour with your newborn

And then you suddenly hold it in your arms: your child! It is looking at you with big eyes and you look back. Love at first sight.

Your baby recognises your voice from its time in your belly, it knows your smell – apparently amniotic fluid smells of you – and soon it is suckling at your breast as if it had always done it. (Please be aware of good attachment and positioning from the start to avoid sore nipples!)

In the meantime, you have probably checked if you had a boy or a girl. Perhaps you are awaiting the placenta.....if the midwife is present she will probably do the first examination of the newborn, called the U1 in Germany. It consists of the Apgar score and a general examination to see if the baby appears healthy:

- Listening to heart and lungs
- Check reflexes
- Check for a cleft palate
- Check the baby's spine and back for any dimples
- Check the fontanels on the baby's head
- Weighing and measuring

In the hospital, there are often other examinations such as checking the pH level of cord blood, suctioning (sometimes down into the stomach) and administering Vitamin K.

To help avoid rare Vitamin K deficiency bleeding in the newborn, make sure you get enough vitamin K yourself during pregnancy. A birth free of trauma also reduces the incidence of this bleeding.

If you don't have a midwife present for birth, you can make sure your baby is well yourself and check if there are any obvious abnormalities. Weighing and measuring (length and head circumference) are easily done with things you already have at home. A measuring tape as is used to measure fabric is a good tool here.

If you don't have baby scales, just stand on the scales with and without your baby and calculate your baby's weight from the difference.

The big fontanel is a coin sized soft spot on the babies head, just above the hairline towards the front. It can visibly pulsate as long as it is still present (it ossifies gradually towards the end of the second year of life). If it seems to bulge inwards, it may signal dehydration in the baby.

The small fontanel is located on the back of the baby's head, a few fingers width above the nape of the neck. Both fontanels are covered with connective tissue. Don't be rough with these soft spots but equally, you don't need to be particularly careful either as the brain is not directly under the skin and is well protected by a layer of connective tissue as well.

The **Apgar Score** (named after the woman who developed it, Virginia Apgar *1909 +1974) judges several markers of the baby's condition at birth with a points system. These markers include:

- **A**ctivity (muscle tone) (absent: 0 points, arms and legs flexed: 1 point, Active: 2 points)
- **P**ulse (no heartrate: 0 points, heartrate <100 beats per minute: 1 point, heartrate >100bpm: 2 points)
- **G**rimace (reflex irritability) (none: 0 points, grimace: 1 point, coughs, sneezes, pulls away: 2 points)
- **A**ppearance (skin colour) (cyanotic or pale all over: 0 points, normal apart from extremities: 1 point, normal: 2 points)
- **R**espirations (none: 0 points, slow, irregular: 1 point, good, crying: 2 points)

Scores 7 and above are considered very good. However, the score at one minute of life has less importance now than it used to.

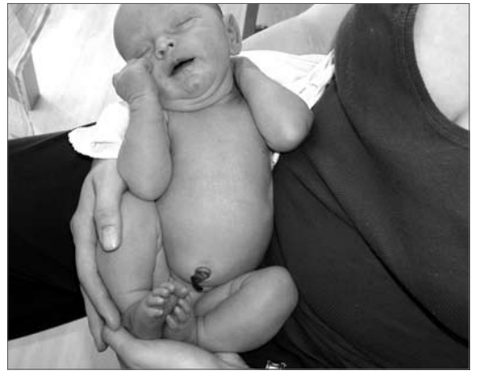
Should you birth by yourself, you are unlikely to measure time and give out points anyway. You are hardly going to suction your baby, hospital style, just to get the baby to give a vigorous cry. But if you are in any doubt, the Apgar score can be a good guide for a rough evaluation of your baby's condition.

By the way, a baby who does not cry is not necessarily unwell. Quite the opposite: many babies who are born without trauma don't feel the need to cry right after birth. If you feel your baby's heart beating, it looks quite rosy and is breathing with some regularity, all is generally well.

It is normal for the baby ...

- ... to look bluey-pink in the first few minutes.
- ... not to breathe for the first minute when the cord is still pulsing.
- ... to make some noises while breathing in the first 20 minutes
- ... to have bluey hands and feet and even head in the first 1–2 hours of life.

But keep your baby warm and covered according to temperature, as blue skin discolouration from cold is absolutely not necessary.



3 days old: our second son, cord stump still attached. As you can see, he still likes to be in the position he was in for the nine months in my belly.

Breastfeeding and the family bed

You can assume that every woman can breastfeed as long as she has healthy breasts and is well in herself and not malnourished.

In the first few days there won't be much milk, despite the baby's vigorous suckling. Don't limit this stimulation, for several reasons:

For one, the baby can learn to drink at the breast before your milk comes in, which makes your breasts very full and the nipples harder to grasp.

And secondly, it gets to suckle colostrum (yellow to orange in colour), the special first milk, full of protein and antibodies.

Between the third and fifth day, you will undergo a transformation that might make a page 3 girl envious. You will never again have breasts as big as this (unless you have another baby), so: if you want, take pictures of that magical moment when your milk comes in for the first time!

Breastfeeding often enters a critical phase at this point. Your breasts are full to bursting and tight as a drum and your baby may find it hard to latch and take in all of the nipple and areola. Furthermore, your nipples are not used to the constant demands of a suckling baby.

So bear with it for a while. Having plenty of skin to skin contact with the baby certainly makes the start of breastfeeding easier. And if you persevere, things soon become easier and you will (hopefully) forget all about the difficult early days.

Sore nipples can benefit from lanolin ointment, which can be applied before and after feeds without needing to be washed off. A very engorged breast can be relieved with gentle massage towards the nipple in a hot shower, which should make latching the baby easier.

Freebirth – Mothers tell their stories

Call to action

The main part of this book was done by the beginning of 2014. My publisher and I decided spontaneously to also include the experiences of other mothers who have had a freebirth, as births without midwives are not that rare, really.

So we had a shout out on the internet to get women to contribute to this book. Of course we did this where freebirthers tend to congregate. Mainly on the homebirth forum (www.hausgeburtsforum.de), the Netmoms group 'Geburt in Eigenregie', and the facebook group 'Natürliche Geburt – Hausgeburt – Alleingeburt'.

We also explicitly looked for freebirths during which complications occurred, that had to be interrupted or that required transfer. We didn't want to give the impression that freebirth automatically equals dreambirth.

Bit by bit we received a whole lot of different stories, mostly from Germany and Switzerland:

- about precipitous births and midwives who didn't make it,
- about the secret wish for a freebirth that came true when birth happened fast, the midwife got stuck in traffic or didn't want to come out yet – or didn't believe the woman was pushing her baby out already and
- about meticulously planned and prepared freebirths, even after caesarean sections and with breech babies.
- We also specifically asked about self-directed miscarriages and stillbirths, to show how women can birth under their own steam and without physical trauma even under difficult circumstances.

Each and every story on the following pages is as unique as the people involved in it and their individual circumstances. It is very obvious how women's expectations have shaped their experiences.

The unplanned freebirth: When the baby is faster

For women who had their babies during an unplanned freebirth, the birth was often connected with a certain fear, insecurity and a longing for the midwife to turn up. Though all those births went well and without issues, women were very relieved and happy when their midwives did eventually turn up and took care of them.

The unplanned freebirths in this book all happened very quickly and unpredictably.

'Contractions came every 3–4 minutes at that point, but were only very gentle so I didn't think birth was imminent.' (Kathrin, 28)

'When I finally realised that this was not the first stage of labour but the second, everything went quickly'. (Uta, 35)

'My baby was born within 28 minutes from the first contraction.' (Beate, 41)

'We waited a long time for contractions after my waters went (about 12 hours) … then suddenly some slightly painful contractions, nothing relevant for birth I thought, no reason to call the midwife …' (Yvonne, 44)

'Finally I sat down on the bed, the naked little bundle in my arms. This is when U. (the midwife) entered the room. Now I could relax and she took care of everything else.' (Franziska, 37)

Some women just didn't want to call their midwife too early.

'I didn't want to call the midwife too early so that my contractions would stop again, so I just stayed in my bed and breathed joyously with every contraction.' (Franziska, 37)

Some women coped so well with their contractions that they underestimated how much progress they were making in their labour.

'The contractions were getting a little more intense, but were easy to cope with. Around 12.10 they were becoming painful and we called the midwives. A few contractions later I had the need to go to the toilet again. However, the need to kneel in front of the sofa appeared to be stronger. With the next contraction I noticed that I didn't need the toilet after all … my husband could already see the head.' (Kathrin, 28)

The transition from unplanned to a half planned freebirth is often smooth.

The half planned freebirth: When being alone turns out to be right

There is a middle ground between a completely unplanned freebirth and a meticulously planned out one: The woman dreams of a birth alone, but because it is usual to have a midwife present or because her partner is against a freebirth she calls on one anyway. Secretly though, she remains flexible on when to call the midwife or plays with the possibility that she may call her too late.

'The first thought about possibly birthing without a midwife present or maybe taking the 'risk' of calling her too late came early, at around 12 weeks.' (Kathrin, 31)

The reasons for this are usually similar to the ones for planned freebirth.

'I didn't want the midwife sitting around while I was only 3 cm dilated, making me nervous.' (Kathrin, 31)

Some women only realise during birth that they need to be alone:

'The decision to birth alone only came during the birth though.' (Amelie, 25)

'Everyone present – never mind how nice and /or quiet – would have disturbed the process and presented a danger to my dream birth. It took a few minutes from realising that to the conclusion that I didn't want anyone, I didn't need anyone, dammit, and don't owe anyone or anything (neither people, nor societal norms).' (Magda, 26)

The transition to fully planned freebirth is smooth as well.

The planned freebirth: Celebrating your freedom and birthing power

The conscious decision to birth without a midwife present is a big step for a woman: away from societal norms towards an uninhibited 'yes' to herself and her needs and feelings. First and foremost, the need not to be disturbed and the desire for privacy contributes to the decision. Most women are sure of this.

'To surrender and to open is essential for birth. And many women, and I am one of them, do this best when they are alone or in the presence of loved and trusted ones. A freebirth, under my own steam, without outside influence, seemed the logical and honest consequence.' (Romy, 33)

'I thought, although I had no previous birth experience that I would be someone for whom maximum privacy was the most important thing during birth.' (Sandra, 41)

'Birthing is as intimate as sex or going to the toilet, and you only do that with your partner or by yourself.' (Eileen, 26)

'I find birth to be very intimate and private, like sex. I don't want anyone around who tells me what to do or is 'only' watching. I am very clear about the influence the birth attendant's feelings can have on the process! Every outside influence has to be noticed, acknowledged or ignored. This takes time and strength, disturbing the birthing woman and bringing her 'out' of herself. Any disruption or disquiet disturbs the hormonal interplay which can cause complications or simply pain.' (Sarah, 32)

Experiences from previous births, in hospital, with a midwife in the birth centre or at home, play a big role when deciding for a freebirth.

'I chose this type of birth for myself because I wanted complete freedom when it came to birth, without limitations or interventions and also because my midwife pulled the placenta from my uterus far too quickly (12 minutes after birth) during my first birth, resulting in a heavy bleed.' (Yvonne, 38)

The reports, planned, unplanned and half planned freebirths, have been sorted by age of participant and if the age was identical, by alphabetical order. As the transition from planned, half planned and unplanned freebirth is so fluid and some participants had an unplanned or half planned freebirth first and then a planned one, there was no further categorisation.

Unplanned and half planned freebirths are marked as such, but planned freebirths are only headed as 'freebirth'.

Following that, also sorted alphabetically, you can find the chapter on freebirths with obstacles and after that, small and still freebirths.

Some numbers

Between January and March 2014 we recruited 36 women who were happy to talk about their freebirth experiences with us for our project.

Our youngest participant is 25 and our oldest 48, the average age is 33.1 years old.

The vast majority of participants, 27 of them, are from Germany. Following are women from Switzerland. Then one each from Austria, Spain and Australia.

Altogether the women in this book have given birth to 103 children, including one set of twins. On average each woman had 3.0 children, well over the German average of 1.38 (German Federal Office of Statistics 2012).

44 of those children were born without a midwife present. Two births planned as freebirth didn't happen as such. Additionally we have five reports of small birth (two by the same woman) and one stillbirth. Each mother talks about at least one and at most three freebirths. Some women who talk about their freebirths also mention a small freebirth in their story. But because the focus in those cases is on the life freebirth we have only mentioned the miscarriage when the participant wrote about it and wanted us to.

Of the rest of the children, 30 were born in hospital, 19 in a birth centre and 10 at home attended by a midwife.

Four women share their experience of caesarean birth in their story. Another four women who were pregnant again at the time of the interview all planned another freebirth or at least kept open the option of calling the midwife too late.

Unplanned, half planned and planned freebirths

Saskia, 29
Beruf: Job Title: Dental technician,
on maternity leave

“When I decided to just follow my body and push it was clear my midwife wouldn’t make it in time.”

1st Child: Boy (5 y), hospital birth with independent midwife
2nd Child: Girl (3 y), hospital birth with independent midwife
3rd Child: Girl (8 mo), unplanned freebirth

When I hear the word ‘freebirth’, the following thoughts pop into my head: Calm, being myself, no unnecessary and dangerous interventions, primal forces.

When did you first have the idea to birth without a midwife? Even before the pregnancy with our third child. When I realised how lucky me and my children were that the first two births happened without complications despite interventions. When I understood how pathologically minded the field of modern obstetrics is.

Who did you tell of your plans? My husband and later my midwife.

How did the pregnancy go and who did your antenatal care? The pregnancy was unremarkable, I had sporadic episodes of antenatal care, when I felt the need to, from my homebirth midwife. I also had 2 scans to exclude any major abnormalities in the 14th and 22nd week of pregnancy by the local doctor, with the caveat not to look for the baby’s sex.

Why did you choose freebirth for yourself? I kept the option of freebirth open for myself as I wanted to decide spontaneously by gut feeling if I should call my midwife or not. During the birth I was very sure that everything was fine. During transition though I felt like I did want my midwife as I was unable to feel my cervix and wanted her to check it was completely open. When I decided to just follow my body and push it was clear my midwife wouldn’t make it in time. I didn’t have any fears and was very assured and felt safe.

How did you prepare for the birth? I ate well, was very active, read a lot about physiological birth and management of emergencies and trusted my intuition.

How did the birth go – any complications? The birth was nearly without stress. I mobilised a lot, didn’t need to go anywhere and concentrated on myself. My husband kept topping up the pool with hot water, massaged my back and radiated calm with his presence. I waited for a long time for the urge to push which never came. I didn’t know what my cervix was doing but then decided by gut feeling to just push anyway and shortly after my daughter swam into my hands. There were no complications. The placenta came an hour later, just before my midwife arrived. I doubt the hospital staff would have left the placenta in situ for a whole hour.

How did you experience the postnatal period? I was at home straight away, we were a family immediately, together with the older siblings. It was absolutely wonderful to just get into my own bed with the little one. I was and am so proud of this birth. My husband and I have birthed this baby all by ourselves.

What would you tell other mothers-to-be? Get informed, be clear about what is important for you and fight for it. Understand how birth works. Have courage to walk an alternative path, think outside the box. Don’t blindly accept what society expects.

What would you do differently during another pregnancy and birth? I would not have an ultrasound scan in the 14th week of pregnancy.

Yvette, 32
Job Title: Family manager

1st Child: Girl (6 y), homebirth
2nd Child: Girl (4 y), homebirth
3rd Child: Boy (2 y), homebirth
4th Child: (6 mo), freebirth

"I relaxed with the knowledge that God would provide a pain free and uncomplicated birth for me."

When I hear the word 'freebirth', the following thoughts pop into my head: Calm, intimate time with God, my husband and baby, positive reaction from myself.

When did you first have the idea to birth without a midwife? Without me noticing initially, freebirth was the subject of a book I was reading. As I was thinking about pain free birth, this type of birth seemed to make sense. This was after the birth of my third child.

Who did you tell of your plans? I did not make a secret of my plans, except to the midwife.

How did the pregnancy go and who did your antenatal care? This pregnancy was better than the three previous ones. I had learned who God is since then and that He is good and carries our ills and pain (Jesaja 53:4), but that I have to accept this gift to me too.

So I started to grow in this consciousness and to act accordingly. During this I was able to experience a pregnancy without complaints, I didn't even need compression stockings – in my previous pregnancies I had always experienced severe oedema and pain. I only saw my midwife.

Why did you choose freebirth for yourself? I knew it would be easier for me to relax peacefully with God without any observers and other distractions. No professional would be able to irritate me.

How did you prepare for the birth? Apart from reading lots about the anatomy of the body I spent a lot of time with God, by reading the Bible, praying and singing for Him. Often during walks or cycle rides. In this time, while I was getting to know God better, I became so glad about Him that suddenly everything else (like a pain free birth) seemed unimportant.

I relaxed with the knowledge that God would provide a pain free and uncomplicated birth for me and that He would provide this in a subsequent birth, should it not happen this time.

How did the birth go – any complications? The birth was beautiful! Much, much more beautiful than expected. For about 20 minutes I experienced a sort of effort within my body, without feeling anything specific. Then I rested for an hour, first in bed, then in the bath. This is where I had my first (pain free) contraction, which was a pushing one right away.

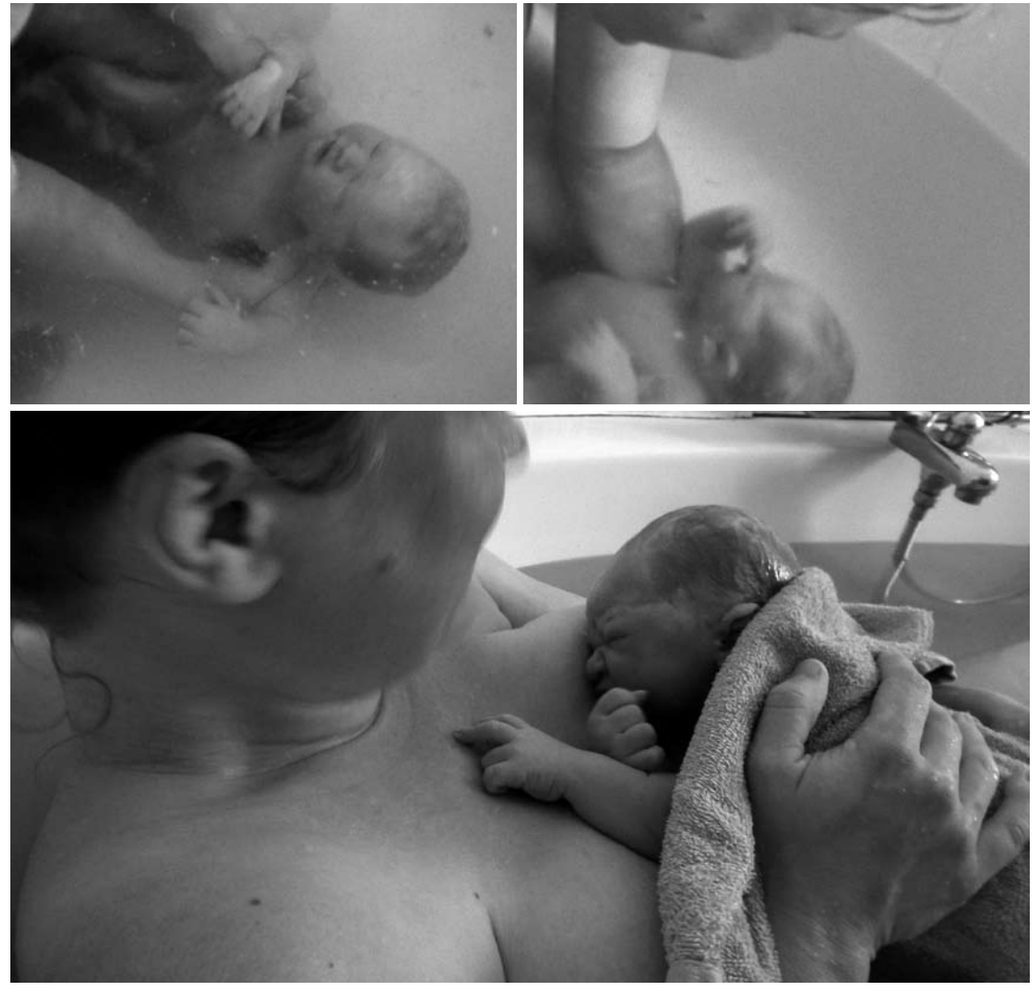
Two more contractions followed and then my waters went suddenly and the baby came out. I felt this very consciously and caught the baby. I was rested and could enjoy the child with my husband immediately. It had a little suckle and then slept on my chest for an hour.

My newborns had never been this peaceful. The placenta came after another half hour following our prayer. The midwife had just arrived and wanted to transfer me to hospital as the placenta was still firmly in place.

How did you experience the postnatal period? Postnatally I was fit and well and our baby was very peaceful. He obviously had not experienced any stress. We very much enjoyed the time. Also, I hardly bled, and didn't immediately after birth either.

What would you tell other mothers-to-be? Matthew 6:33: "But seek first His kingdom and His righteousness, and all these things will be given to you as well." Here this means: Don't focus so much on the birth and what could go wrong, pain etc, but keep your eye on the living God who gives, blesses, loves, protects and spares us. When we dedicate our life to God we don't have to expect or fear the curse of birthing pains – we can trust His proactive protection.

What would you do differently during another pregnancy and birth? I would grow more in my relationship with God and seek His kingdom, most importantly!



Recommended reading

Understanding and Teaching Optimal Fetal Positioning – Jean Sutton (1996)

A book on getting the baby into the optimal position before birth: this book offers valuable tips and background knowledge.

Ina May's Guide to Childbirth – Ina May Gaskin (2003)

A classic that looks closely at usual hospital routines and encourages self-directed birth with lovely homebirth stories.

Emergency Childbirth – Gregory J. White (1998)

A book about out of hospital births without attendants. First released in 1958, it was originally for first responders but has since been adopted by people preparing for freebirths. It has summarised the process of normal birth and provided a good overview on how to deal with deviation from the norm. A good book for dads, if they want to find out more about what to do in specific situations and when to do nothing.

The Nature of Birth and Breastfeeding – Michel Odent (1992)

A book about our mammalian nature, the need to not be observed during birth, about birth hormones and the detrimental influence of obstetrics guided by monitoring and observations.

The Caesarean – Michel Odent (2004)

Another book by Odent you may be able to extract valuable knowledge for freebirths from.

Hypnobirthing: The Mongan Method: A Guide to a Safe, Easier and more Comfortable Birthing – Marie F. Mongan (2013)

Relaxation and visualisation techniques, that help cope with the primal force of birth in the most calm and painless way. Even those who don't want to follow the whole program can find valuable tips in this book.

Childbirth without Fear – Grantly Dick-Read (2013)

An old classic about birth and pain, new edition. The author describes how pain develops during birth, why it doesn't have to be that way and how to avoid pain.

Unassisted Childbirth – Laura Shanley (2012)

This book is by the American pioneer in all things freebirth. I would have liked to see less personal philosophy and more practical tips. It contains birth stories and thoughts on birth, but is not a handbook for freebirth as such.

These books are ones I have read myself and recommend – apart from the limitations mentioned above. There are lots more helpful books on the market and in the last few years even a few books on freebirths have appeared. I have read some of them, and while the birth stories, thoughts and resulting knowledge are certainly interesting, the obstetric information in those books is not always accurate or well researched.

Further websites

www.unhindered-living.com – Contains tips about autonomous living with extensive information regarding self determined pregnancy and birth.

www.mothering.com/forum/306-unassisted-childbirth – Online forum about freebirth.

www.unassistedchildbirth.com – Laura Shanley's website.

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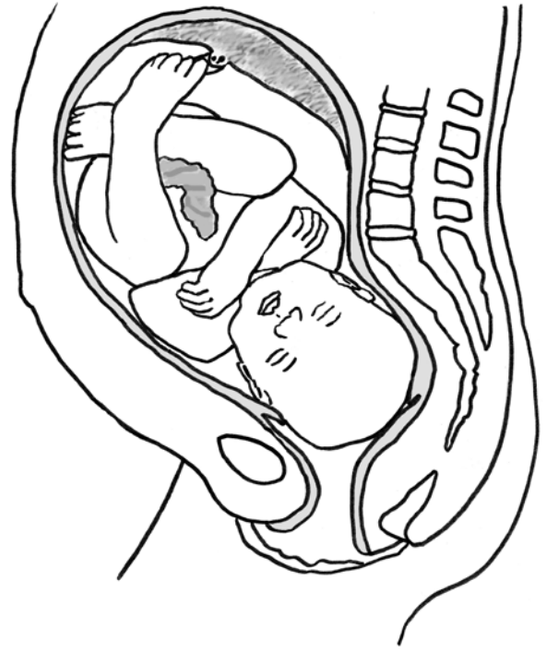

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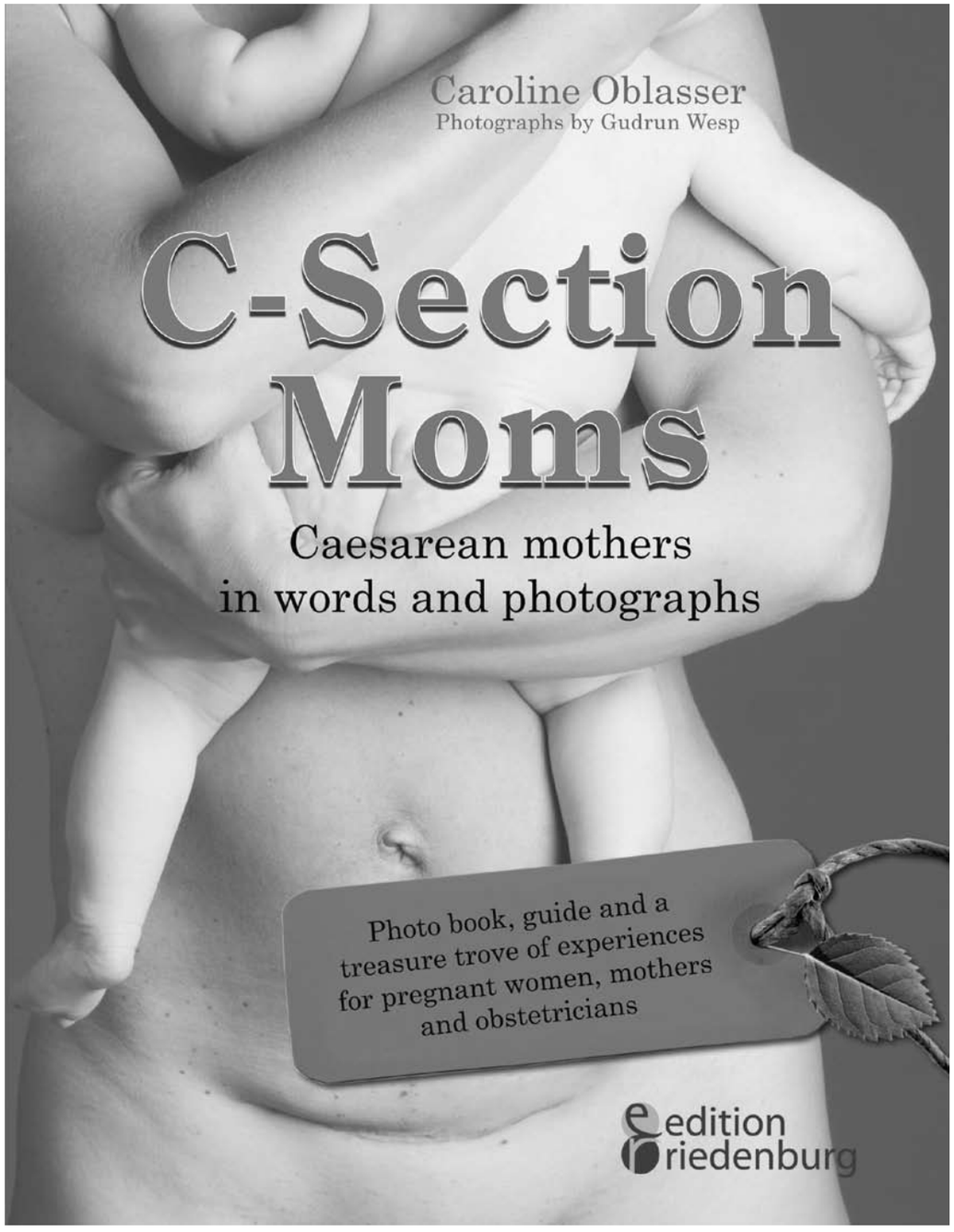

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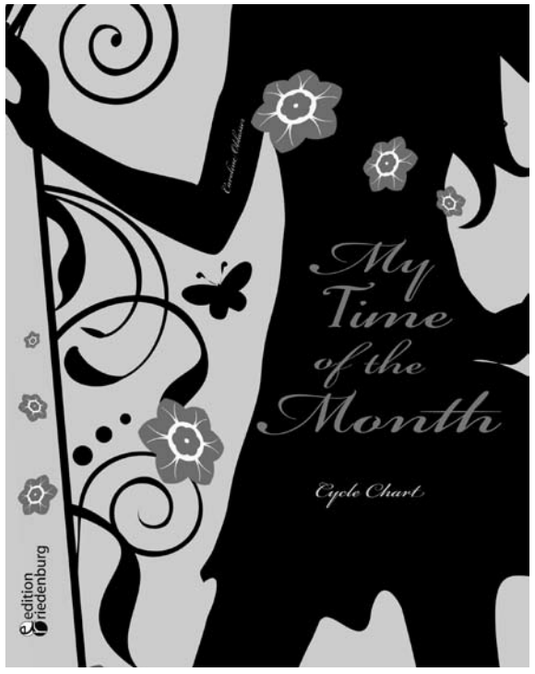

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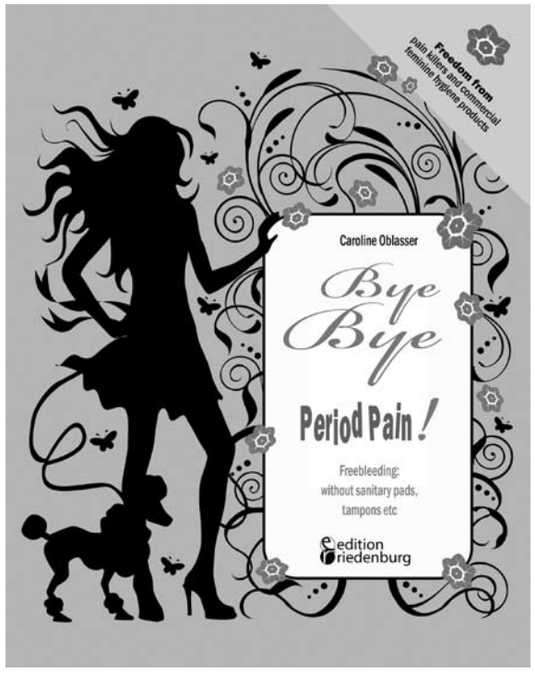

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This is a book for all the girls and women who would like to forego period pain and traditional sanitary protection.

What to expect:

It really does not matter if you have been using tampons, sanitary pads or menstrual cups up to now: you will soon find out how you can leave traditional sanitary protection behind and get rid of your menstrual fluid, in a way convenient to you.

Come on a journey into your innermost body and find out how you can learn to control your cervix and uterus. Once you feel a good connection to both, you will be able to achieve the ideal balance between tension and relaxation – during your menses as well as during times of erotic pleasure.

Contents include:

- How to get started
- Free menstruation and freebleeding: your time of the month without pain
- A small egg birth, every month
- Strengthening erotic sensations and keeping yourself 'shut'
- Cervix, open up!
- The start of your period, trying to conceive and contraception

Plus: 12 months worth of cycle charts to recognise the first day of your period.

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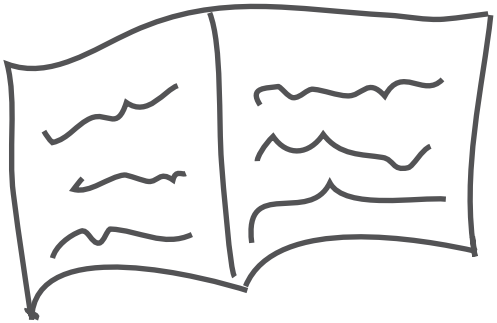

Focussing on
women‘s health.