

SONIA KILLIK

# Birth

AN HONEST GUIDE  
TO NATURAL, EPIDURAL  
AND CAESAREAN CHOICES



*2 chapter*

**FREE PREVIEW**

# Birth

## 2 CHAPTER PREVIEW

### *Know this first*

#### A WORD ON TERMINOLOGY & CHARACTERS

Before delving into the array of birth options available to women today, let's first navigate through the distinct types of birth. There's a fair share of confusion surrounding the terminology, especially when it comes to the concept of "natural birth". Surprisingly, even doctors sometimes misconstrue it, believing that if a baby emerges from the vagina, regardless of the interventions used, it constitutes a natural birth. Apologies, but that's not the case.

I came across a curious distinction: pizzas are "delivered", yet babies are "birthed". It's a subtle but telling contrast. Delivery implies something done for you, not by you. When it comes to babies, you're the one who gives birth, while a doctor might assist by delivering through methods like caesarean, forceps, or suction.

#### **NATURAL BIRTH**

To clarify this confusion, I prefer to refer to it as 'normal birth'. It unfolds as nature intended, aligned with the inherent workings of your body. This process doesn't involve any drugs or interventions, save for natural inductions (which we'll discuss later). The normalcy continues post-birth with practices such as delayed umbilical cord clamping, immediate contact between you and your baby, and exclusive breastfeeding.

#### **VAGINAL BIRTH**

In this scenario, your baby is born through the vaginal canal. However, interventions like epidurals, episiotomies, forceps, and inductions might come into play. After delivery there is usually a fair amount of interference with your child who, more often than not, is in a less-than-happy state and needs assistance of some kind.

#### **CAESAREAN BIRTH**

Except in the case of an emergency caesarean, the entire labour process is bypassed. Both you and your baby require extensive intervention after delivery because of the severity of the operation. Post-birth recovery for mothers is a lot longer, and babies delivered by C-section are more prone to health issues.

#### **HOSPITAL BIRTH**

It is possible to have a completely normal birth in hospital, yet avoiding medical interventions can be challenging unless you bring your own supportive caregivers who are committed to facilitating a

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natural birth in this environment. Hospital births frequently involve caesareans, epidurals, and other interventions. Hospitals offer immediate support for both mother and baby if complications arise.

### **WATER BIRTH**

Water births provide optimal comfort during labour and a gentle transition into the world for your baby. Certain hospitals offer birthing pools or allow you to bring your own. Alternatively, you can hire a birthing pool and use it at home if your pregnancy is low-risk.

### **HOME BIRTH**

Home births are favoured by mothers seeking an intervention-free and private birthing experience. While this choice can be incredibly fulfilling, it should only be considered if you're in good health and your pregnancy is free of complications.

### **BIRTHING CENTRE**

Birthing centres are becoming increasingly popular worldwide. They serve as a middle ground between home and hospital births. Here, mothers can opt for a natural birth while retaining access to medical care if required. However not all centres have gynaecologists or paediatricians on-site, and transport to a hospital may still be needed.

### **GENDER**

Even though my own precious child is a girl, I've opted to refer to your baby as "he". This decision sidesteps the awkwardness of contorted "his or her" phrases. Similarly, despite my own fantastic female gynaecologist, I've assigned a male gender to all doctors in this book. Why? Just to dodge those clunky sentences that would arise otherwise.

### **GYNAECOLOGISTS / OBSTRETCITICAN**

And while we're on the subject of gynaecologists, in my neck of the woods, these medical professionals specialise in both the female reproductive system (gynaecology) and the realm of pregnancy and childbirth (obstetrics). So, when you encounter "gynaecologist" in this book, rest assured it covers both areas of specialisation.

### **CAST OF CHARACTERS**

Let me take a moment to introduce you to the key players within these pages. First and foremost, there's me; the author and proud mother to a captivating little girl affectionately called Lulu. Her unwavering determination, strong-willed spirit, and infectious zest for life never cease to amaze me.

Maria is my much-loved and respected midwife; she's not just the one who assisted me in bringing Lulu into the world, but also the person who generously shared her vast knowledge and wealth of experience with me.

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Dr D is my one-of-a-kind gynaecologist; the end of my quest to find the right medical specialist to monitor my birth.

Last but far from least, there's Diane; Maria's dependable partner-in-crime and quite possibly the most fabulous doula you'll ever come across. Together, they make an unstoppable team.

## Fuck yeah

### WHY I WROTE THIS BOOK

It deeply matters to me that we, as women, perceive birth and motherhood in their true sacred and profound light. Yet, to achieve this, a splash of fuck yeah! needs to infuse our lives. 'Fuck yeah!' is the only phrase that comes close to encapsulating the untamed inner splendour intrinsic to every woman - a wild feminine essence that's steadily emerging in our society.

It's the laughter that engulfs us, elevating our spirits. It's the innate urge to sway and sync our bodies with the rhythm of the world around us. It's summoning the bravery to depart a painful relationship. It's the endless emotional strength we invest in everything and everyone we hold dear. It's the strength to weep when our hearts break... and then face another day.

It matters not whether you can proclaim fuck yeah! to the universe and still be glamorous, or if you have to quietly whisper it beneath the veil you've been taught to wear. It's immaterial if your fuck yeah! is a small seed sleeping within your soul, or a tattoo etched boldly on your skin for all to see.

My only concern is this: that as women, we rise, first within our own beings, and then before the world. I yearn for the day we grant ourselves the liberty to be seen in our authenticity, distinct from the expectations of men and the moulds society sets for us. I care that we don't wait for the world to change before we embrace the lives our innermost selves ache for.

I care that we reclaim ownership of our bodies, honouring our instincts instead of brushing aside their gentle urgings. That we warmly embrace the uniquely feminine gift of childbirth, and in so doing, we change the world.

I envisage a world where women are once again revered for the lives we create, and are admired for both our vulnerability and resilience. In this world, women forge their imprint, not merely as creators of life, but as shapers of destiny. I wholeheartedly believe in this world, and more so in our power to bring it into existence.

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### WHY THE SECOND EDITION?

Some of you may know that I re-titled this book from the original *BIRTH {Fuck Yeah!} An Honest Guide To Natural, Epidural, And Caesarean Choices* to the slightly more demure title it is today. Not only did I redesign the title and cover, I also gave the contents a fresh eye and spring clean.

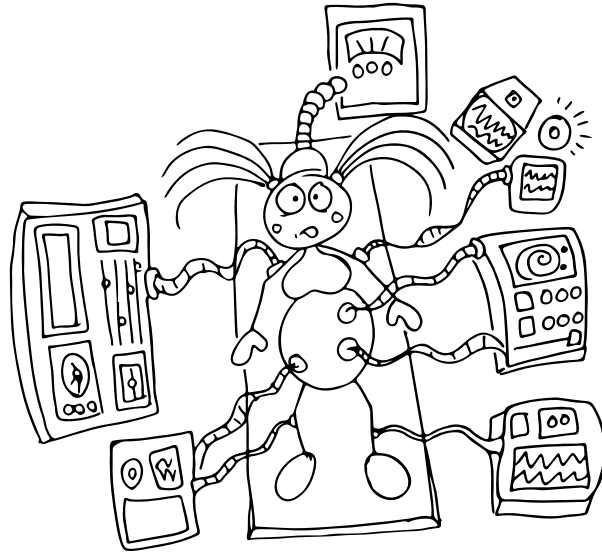
I am a somewhat passionate person, and when I believe in something, I throw my heart and soul into it. My deep conviction and desire to educate women has not dimmed with time, but my approach and way of communicating it has.

I realised in hindsight that I was, at times, too forceful in my delivery, and instead of igniting a similar passion in others, it was received as judgemental by some. For this reason, I softened a few of my messages, but I hope in doing so, I did not dilute the importance of why a transformation of childbirth is necessary. I'll even admit that I hope that I haven't lost some of the justified anger I still feel (and you may feel) towards how some in the medical profession have tarnished and harmed what is uniquely, and beautifully... ours.



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## INTRODUCTION

Why is birth and the choices surrounding it such a contentious and emotionally charged topic? Why the debates and fervent arguments? The reason is simple: birth matters. It's important for your baby and for yourself. It shapes not only your physical well-being and the emotional transition into motherhood (no easy feat), but it also forms the cornerstone of your child's lifelong health.

The most pivotal facet of birth, regrettably dwindling in modern times, lies in its deep spiritual essence for both mother and child. It marks the transformation from maiden to mother, and the grand entrance of a new human onto this Earth.

This is a moment that forever changes you. Even if you do everything your doctor tells you to do, you're still exercising a choice, and you're doing it for two human beings. So yes, it is important, and there are decisions to be made, which is why you are reading this book. Having a baby is a big, big deal.

My purpose in writing this book is to furnish you with information not commonly available. It's rather ironic, isn't it? Our innate knowledge has been lost, forcing us to rely on doctors and the internet to make informed choices.

In the midst of all our achievements, modern women have lost a unique and beautiful ability; knowing how to bring our children into the world with courage, strength, wisdom and compassion. Over the last few years it has become almost unheard of for women to birth naturally.

The medical industry is just that—an industry. Like any business, its goal is to retain customers and generate profit. Don't deceive yourself into believing your personal well-being will take precedence over the demands of this voracious monster.

There are truths doctors tend to withhold. They won't disclose the significant risks and side effects tied to unnecessary medicalised births. They don't want you questioning the decisions that they make on your behalf.

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Your doctor wants you to check into a hospital on a scheduled date and time, so he can show up after the staff have prepped you for surgery. He will then slice into your womb, take out a baby that was not ready to be born, hand you the child, and then move on to another woman on an operating table, waiting her turn. It's just good business practice.

Most doctors won't remember the names of the mothers they've operated on that day, they won't remember your child's name. Most won't know your journey; the struggles to conceive, the months of anticipation, the debates with your partner or family, the friends lost or gained. To them, you're a customer, a name forgotten until they see your file again at your six-week check-up.

I have one goal; to provide you with the realities of modern childbirth, so you can make informed decisions. This information will empower you and place you in control, instead of being pushed around by fears and falsehoods.

There are many reasons why I'm deeply passionate about this subject. When I became pregnant, I was certain I'd have a normal, non-medicalised birth. But as I delved deeper into childbirth education, I was taken aback. I stumbled upon a realm of practices, information, and history about birth that seemed deliberately concealed from common knowledge by the medical establishment.

I believe a revolution in birthing practices is overdue and inevitable. However, it won't emerge from a change of heart among doctors, but from the courageous women worldwide reclaiming ownership of their bodies and demanding respect from those who aid them during childbirth.

Just as we respect the progress of science, which has provided life-saving interventions for both mothers and babies, it's time that science learns to respect women's ability to birth without interference.

I wish you only magic on your journey into motherhood or, if you are having another child, an even deeper and more rewarding experience if you experienced any disappointment with your first.

I write these words from my heart, and I have tried to be as honest and real as possible. Which means I will probably swear when I feel strongly about something, which I often do.

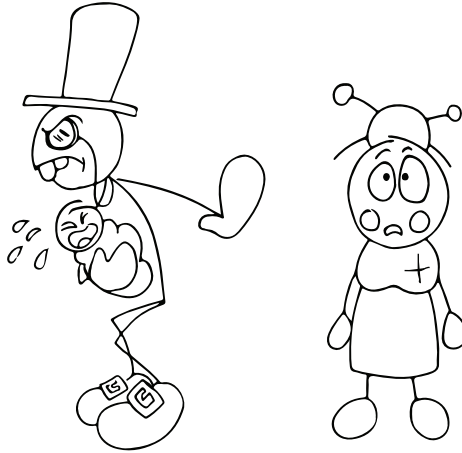
But it's high time women claimed all of ourselves, is it not? Claimed our magnificent femininity, our unique strength, our quirky habits, our bad moods, our innate love of dance. . . and yes our foul mouths and love of sweat pants and slippers.

Because when we teach our daughters how to be women and our sons how to love them, authenticity is key. And truth encompasses everything - the poised and the dishevelled, the pain and the love.

We are women. And that, my friends, is truly awesome. *Fuck yeah!*

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## THE HISTORY OF BIRTH

In achieving the depersonalisation of childbirth and at the same time solving the problem of pain, our society may have lost more than it has gained. We are left with the physical husk; the transcending significance has been drained away. In doing so, we have reached the goal which is perhaps implicit in all highly developed technological cultures, mechanised control of the human body and the complete obliteration of all disturbing sensations.

—Sheila Kitzinger, *Women as Mothers*, 1978

It's common knowledge that only in recent times did men become involved in childbirth. However, this shift towards a male-dominated industry didn't originate in medicine, as one might think, but in religion.

Back in 1486, two German Dominican monks wrote *Malleus Maleficarum*, which translates to "The Hammer of Witches". The purpose of their manuscript was to teach the world how to hunt and kill witches. In their sanctimonious writings, they boldly declared; "No one does more harm to the Catholic faith than midwives."

Now, in case you didn't know, midwife means "with woman." You can see why even the word posed a threat to the Catholic faith, given that their doctrine is women are the originators of sin.

By 1736, it has been conservatively estimated that 30,000 women had been executed for being witches. The hysteria and fear of witches ran so deep that if a midwife arrived early at a labouring woman's side, she was accused of flying on a broom to get there.

Utterly crazy, right?

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Women have endured various degrees of mistreatment throughout history, from limited education to female genital mutilation and religious subjugation. But, despite these profound inequalities, birth was always exclusively within the domain of women. Why would men claim to know more about such matters than women?

Why would they want to interfere?

Yet, even this was wrested from us, our primal right to birth our children with peace and respect. Despite being the ones with wombs and breasts, the ones who carry our babies for nine months, the ones who face the trials of birth, and nurture and protect our children for life. Even though men cannot give birth, they took it upon themselves to decide that women could not succeed without them.

Governments began demanding that midwives, who have been helping women birth for as long as there have been babies, register themselves or face prosecution. These same midwives, who'd cared for mothers in remote areas and helped slaves—some as young as 12 years old—give birth in appalling conditions, were now prohibited from practising their ancient art unless they were granted permission by the local (male) authorities.

Women who had assisted in birthing hundreds of babies, with little or no medical support, using the wisdom passed down by other midwives and the experience of countless hours spent with women in labour, and who had truly earned the respect and trust of the mothers in their communities, were now considered by the growing medical fraternity to be untutored misfits.

This decision by various governments around the world greatly narrowed the choices available to pregnant women. Few wanted to labour and birth alone, so when midwives were prevented from attending due to the tangle of red tape, many had no choice but to risk giving birth in a hospital. And believe me, it was a risk.

Infection and mortality rates in those hospitals, staffed by a handful of nurses and doctors with very limited experience or formal training, were alarmingly high. It's no wonder that only prostitutes and the poor gave birth in hospitals at the time.

Because medical staff were so inexperienced with normal birth, the caesarean rate began to rise and, sadly, started to become the preferred option. It was easier for a doctor to perform a caesarean and to deliver an apparently healthy child than to wait around as the mother progressed through labour, only to be faced with complications which they freely admitted they were not equipped to handle.

And besides, who had the time to wait for a woman to birth normally when there were so many more babies arriving? Thanks to the severe restrictions placed on midwives, hospitals soon became flooded.

A notable historical figure was John Whitridge Williams, a professor of obstetrics at Johns Hopkins Hospital in 1912. For reasons known only to himself, he began a personal rampage against midwives. He decided that only men were able to teach and learn the business and practice of birth.

He must have been rather upset by feedback from the 120 male medical students who'd completed

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his four-year obstetrics course. They all agreed that doctors were more responsible for spreading infection than midwives. One professor who was actually teaching the course admitted he'd never witnessed a live birth before he began lecturing. The students even confessed that a quarter of them couldn't handle a ruptured uterus, and shockingly (wait for it), doctors were more likely than midwives to cause harm to a mother or child.

Despite this brutally honest feedback Dr Williams wrote:

“Why bother about the relatively innocuous midwife, when the ignorant doctor causes quite as many absolutely unnecessary deaths? From the nature of things, it's impossible to do away with the physician but he may be educated in time; while the midwife can eventually be abolished, if necessary. Consequently, we should direct our efforts to reforming the existing practitioner, and to changing our methods of training students as to make the physician of the future reasonably competent.

—Excerpts from a paper presented by Dr. J. Whitridge Williams,  
original author of *Williams Obstetrics*

During this time, it was considered more important that men take over the driver's seat of childbirth than it was to assure the well-being of the mother or child, even if those men made mistakes during their training that resulted in tremendous pain, death or disfigurement for mother or child.

Dr. Williams and others of his ilk could not conceive that a medically untrained woman was able to successfully birth a child, despite her vast pool of experience which far outweighed that of her male counterparts.

Although it's terribly rude to feel smug at another's misfortunes, I do find it ironic that Dr Williams died in 1931 from “complications of an abdominal surgery”. Karma's a bitch.

Personally, I can't fathom why any man would want to be a gynaecologist. It's like being taught to swim by someone who has only seen pictures of water. They do not have a womb, they don't experience a monthly period, and they can never hope to imagine the depth of emotion which women experience during pregnancy and childbirth.

It may be argued that a doctor does not need to suffer a broken bone in order to learn how to mend one, which is true. However, birth is not an illness to be studied in a textbook; it's a profoundly integrated spiritual, mental, and physical journey that demands first-hand experience to fully comprehend.

Of course, there are many outstanding male gynaecologists who genuinely support their patients in pursuing normal births, and equally there are awful female gynaecologists who insist on medicalised births despite their patients' health. Regardless of gender, a doctor still sees the business of birth through a medical lens which excludes the holistic nature of the experience.

However, the shift towards medicalised birth was not entirely born from a desire to dominate women, there was a genuine interest in understanding the mechanics of birth, which produced knowledge that has benefited us all. But, the path to our modern understanding was narrow, leaving little room for the spiritual aspect integral to childbirth. Women around the world feel this loss today and seek a return to

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a more holistic approach that brings joy and health to mothers and babies alike.

Before we move on from this topic, let's delve into some shocking facts about how women were treated just a few short years ago. Researching this information left me appalled; it's quite unsettling. However, recognising the origins of modern birthing practices is important as it bares light on how modern childbirth was shaped.

In 1957 a registered nurse wrote a letter to the American magazine Ladies' Home Journal calling for an investigation into "the tortures that go on in modern delivery rooms". She recorded her own personal experiences as follows:

*When I first started in my profession, I thought it would be wonderful to help bring new life into this world. I was and am still shocked at the manner in which a mother-to-be is rushed into the delivery room and strapped down with cuffs around her arms and legs and steel clamps over shoulders and chest.*

*At one hospital I know of, it is common practice to take the mother right into the delivery room as soon as she is 'prepared' [which means shaved pubic hair and an enema]. Often she is strapped in the lithotomy position [legs in stirrups] with knees pulled far apart, for as long as eight hours. On one occasion an obstetrician informed the nurses on duty that he was going to a dinner and that they should slow up things. The young mother was taken into the delivery room and strapped down hand and foot with her legs tied together.*

*I have seen doctors who have charming examination-table manners show traces of sadism in the delivery room. One I know does cutting and suturing operations without anaesthetic because he almost lost a patient from an overdose some years ago. He has nurses use a mask to stifle the patient's outcry.*

*Great strides have been made in maternal care, but some doctors still say 'Tie them down so they won't give us any trouble'.*

Hospitals refused to allow babies to remain with their mothers, forcing them to stay in the nursery. Draconian policies prevented mothers from breastfeeding their newborns unless the infants met a certain weight threshold, and even then, feedings occurred only at four-hour intervals.

But that's merely the tip of the iceberg compared to some of the practices concocted by the modern medical profession. I highly recommend you read Tina Cassidy's *Birth: A History*, it's a fascinating yet disturbing read. Let me share a few more quotes from nurses and midwives spanning the past dozen years, courtesy of Henci Goer, an expert on evidence-based maternity care:

*"After a long and painful induction. . . he (the doctor) sat on the couch and complained that watching her (a labouring woman) push her dead baby out (antepartum demise at 36 weeks) was "like watching paint dry" and left to see patients in the office.*

and

*I have witnessed many physicians say degrading things to women in natural labour, as if punishing them*

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for not getting pain control in order to be more passive patients, including: "I don't want to hear any noise from you" [and] "Come on, you need to open your legs, obviously you didn't mind that nine months ago".

and

I saw one of my prenatal patients whose (caesarean-section) incision opened when her staples were removed on Monday. We called (the doctor) and he pulled on the tissue until it opened down to the fascia. He then scrubbed the wound with gauze and H2O2 and packed it. The patient received no pain medication.

and

Many of the obstetricians that I work with are eager to 'get her delivered' as quickly as possible. There is also 'pit to distress'. . . in other words, keep cranking that Pitocin up until the baby crumps into foetal distress and the obstetrician does a stat C-section, all so the doctor can be done, and get out of the hospital.

The. . . physician. . . was not satisfied with how quickly the patient was delivering (though she had been pushing less than an hour and the baby was in no distress) and so she inserted two fingers into the patient's rectum and attempted to hook the baby's chin so that the head would deliver more rapidly (without mentioning any of this to the patient, who had an epidural). Her fingers tore right through the sphincter and the patient sustained a fourth-degree laceration. The only thing the OB told the patient about it was that because she had such a 'big baby' (7lbs), she would recommend inducing at 37 weeks next time so she didn't 'tear so badly'.

and

First the doc does an exam, says there's a (cervical) lip. . . Next thing I know, the nurse has her hand in there, holding the cervix while mom is screaming, "get out, ouch, get out, that hurts". I look the nurse in the eye, tell her at least 10 times, "she asked you to stop, she does not consent to this". So now, she's pushing. . . but this damn doctor kept trying to stretch (the vaginal opening) with his flipping fingers and she kept screaming how bad it hurt. I kept saying to him over and over, "can you please stop? The only time she screams is when you do that".

I do everything I can so she'll hurry up and deliver, even though ethically I feel horrible about it. I can't tell her, "Your doctors got a golf game. . . and that's why I'm doing this to you".

In summary, for thousands of years women knowledgeably, respectfully and successfully helped their sisters birth their children. Yet, in a mere blink of an eye, men have ushered this sacred practice into a medicalised and male-dominated realm that's become fearful, traumatic, and devoid of its spiritual and emotional connection.

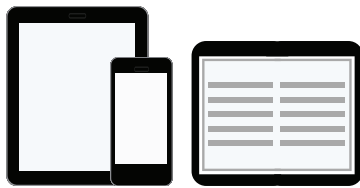
They have contorted a beautiful and pivotal part of life into a clinical puzzle to be solved with steel implements and drugs. Perhaps this transition was necessary to develop birth interventions capable of

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saving lives in complicated situations. But now that these techniques are available, shouldn't we pause and consider employing them only when absolutely necessary?

For a century, we women and our babies have served as involuntary guinea pigs for the medical industry in their quest to dissect the birth process. It's high time to leave that behind and return to a gentler way of bringing life into this world, secure in the knowledge that, if a true complication arises, we have the means to address it.



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