

Don't distract her, she's having a baby

The culture around childbirth is robbing women of their capacity to give birth unassisted, warns obstetrician **Michel Odent**

Why are you worried about natural childbirth?

Until recently, women who could give birth very easily in general had many children, while a woman who could not give birth had no children. Today, a woman can generally have the number of children she wants to have, regardless of her capacity to give birth, so the laws of natural selection have been neutralised. This means the future capacity to give birth unassisted is likely to decline. For me, this raises big questions about the future of the birthing process.

What can make giving birth difficult?

We know that humans apparently have a difficult birth process. Academics generally offer mechanical explanations, referring to the size and shape of the baby's head in relation to the mother's pelvis. That is partly true, but if the primary reasons were mechanical, birth would be consistently difficult for humans. Yet some women give birth easily: in some cases, the baby may be born before the mother even realises she is in labour.

In reality, the main reason for difficulties in childbirth is that women's capacity to give birth is repressed by neocortical activity in the brain. Put simply, the mother goes on thinking in the birthing situation.

So thinking too much hinders birth?

Yes. The neocortex is highly developed in humans – it allows us to do mathematics, use language, answer questions... It is the thinking brain. But in some situations, neocortical activity can suppress vital activity in our primitive brain. A woman in labour needs to be protected against all possible stimulation of her thinking brain, because giving birth is

the business of primitive brain structures. It is a reduction of neocortical activity that makes birth possible in humans.

What kind of things affect the neocortex?

Language and attention-grabbing situations are well-known stimulants of the neocortex. Here's a good example: if there's one situation that is associated with reduced neocortical activity, it is making love. What happens when a man and a woman are pre-orgasmic and suddenly one partner asks the other "what do you want for dinner?" Any question needs neocortical activity to answer, so suddenly everything stops. That's human nature. The neocortex is useful for daily life, but in some situations – like sex and childbirth – we must stop thinking.

What would happen if a woman could turn off neocortical activity during childbirth?

In that circumstance, what I call the "fetus ejection reflex" can occur – which is possible in some exceptionally rare situations in our societies. When a woman in labour is not under neocortical control, she will say completely crazy things, nonsense. If nobody is interfering, there will suddenly be a short series of irresistible contractions, no voluntary movements at all. It's as if the woman is in a kind of ecstatic state, off the planet, and then the baby is born. It's a quick and easy birth.

Have you seen a human fetus ejection reflex?

I have been in charge of about 15,000 hospital births and I think I have seen one or two real fetus ejection reflexes in those circumstances: it is exceptionally rare in that setting, with people around. I have seen it more often in home births.

PROFILE

Michel Odent is an independent obstetrician and childbirth specialist. He ran the maternity unit at the Pithiviers hospital in France from 1962 to 1985. His new book is *Do We Need Midwives?* (Pinter & Martin)



How does the hospital inhibit women in labour?

The problem is the socialisation of childbirth. From what we know about childbirth before the Neolithic revolution, it seems that women knew to protect themselves against neocortical stimulation – they would isolate themselves to give birth. Today, labouring women are culturally conditioned to think that they are unable to give birth by themselves, that a partner or an expert must be there. The problem is, they are unable to "let go" with others watching them.

Also, the light in delivery rooms is rich in the blue part of the spectrum, which is a

Photographed for *New Scientist* by Daniel Stier



So men shouldn't be allowed in when a woman is in labour?

Having your partner present at birth is an absolutely new phenomenon in the history of humanity. In the animal kingdom, mammals don't invite their sexual partner when they give birth. Around 1970, we started getting the occasional request from a woman asking to keep their husband with them. I had phone calls from midwives asking how they should deal with this strange idea. When the man is participating in the birth, his behaviour and the way he talks often creates a situation that boosts neocortical activity.

How do we balance interventions that reduce the risk of a child or mother dying with how nature may have intended women to give birth?

It has become culturally unacceptable to create the conditions that encourage a fast and easy birth, so right now it is impossible to balance the two. So we have to consider the implications: for how long can we go on not using such a key physiological function? We understand – particularly in the age of epigenetics – that when physiological

“Other mammals don't invite their sexual partner when they give birth”

functions are underused they can become weaker from generation to generation. I cannot see how we can stop this process. The most probable result is a future in which most people are born by caesarean section.

Presumably, you're not suggesting that we do away with assisted births?

Absolutely not. Modern medicine is miraculous: so many people who couldn't have babies by themselves are now able to thanks to medically assisted conception and birth. My point is not to stop that, but instead to enlarge our horizons. Many epidemiological studies have detected risk factors in the perinatal period, including caesareans, for health conditions in later life. So the point is not to be worried about one particular baby who has been rescued by caesarean – our cultural milieu can mostly compensate for any resulting problems – but to ask how long can we continue in this direction. What is the future of a humanity born by caesarean? ■

Interview by Helen Thomson

powerful inhibitor of the release of melatonin. Melatonin is the “darkness hormone”, one of the main birth hormones. It works in synergy with oxytocin, which plays an important role in inducing contractions.

So what is the ideal model for labour?

I don't like to talk about perfect models and I never advise women: I merely talk about situations that I know make birth, in general, easier. The best situation is when the woman in labour is not disturbed too much. A good example is a woman giving birth in a small, dark, warm

room with just one midwife sitting silently in the corner, knitting.

Why should the midwife be knitting?

When you do a repetitive task like knitting, you reduce your level of adrenaline. Emotional states are contagious, so a calm midwife calms the labouring woman. The mother's level of adrenaline is important because if you release hormones of that family, you cannot release oxytocin. It's the same if the mother is stressed or cold. That's why it's important to feel unobserved, but also to feel safe.