

(introductory music)

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MARYN: Welcome to Indie Birth's series of podcasts here on iTunes, *Taking Back Birth*. Hi. Maryn here today wanting to talk about some home birth rituals and ritual and rite of passage in general today. So usually, these podcasts come about as an inner section of life and learning. And this is no exception. So for those of you that don't know, our Indie Birth Midwifery School has begun. And I am teaching a first quarter class called *Birth Models*. So a lot of what I'll cover today is relevant for the students in that class as well as keeping it kind of basic so that more people can access this information. But my class right now is based on Robbie Davis-Floyd's book, *Birth as an American Rite of Passage*. That's not the only book we'll be using in the class, but that's where we are right now. And for those of that don't know this book just putting it out there as a resource. Robbie Davis-Floyd is a brilliant birth anthropologist. It's a pretty dense read, but much of what I'm going to be talking about today is based on her work. And I'm actually going to take some concrete examples from this book to talk about. So just being transparent about that.

Along with that, real life intersects. And yesterday I had a free Indie Birth class here in Sedona. And I find these same issues coming up again and again. Last but not least, I got a new book in the mail, and I'll probably talk more about that on another podcast. But the book is Michel Odent's, *Do We Need Midwives?* And I'm really enjoying it so far. I would definitely recommend this as well as a resource. And although he doesn't talk about ritual, per se, it comes back to the same thing when we're talking about these subjects. Essentially, how do we find new ways or even old ways to explain options to people? What's going on in the birth world that we can make so easy for people to understand that they can choose wisely for themselves and that we, as birth workers, can go on to create the new paradigm of birth?

So first, a little bit about ritual as it applies to birth or really any ritual. Rituals make up rites of passages. So I'm kind of going to be flip flopping back and forth between what is ritual and what that means, some beliefs about birth, and then also more about rite of passage. And then I'm going to get into some common things that might occur at a home birth that I think qualify as ritual in a very medical model. So ritual is—hmm. It's hard to explain these things sometimes. You can certainly Google the dictionary meaning of ritual. But ritual is based on a belief system that a larger group holds. So something is created—some kind of event—and it is patterned and repetitive. There is an ordered structure, and it is symbolic. So those are just a few of the must have characteristics that make something a ritual.

The messages of a ritual are communicated through the body, not the mind. So in other words, this isn't just information people read and take on as their belief system. They are physically and emotionally and, some would say, spiritually put through this ritual process. And when they come out the other side, they are indoctrinated, if they weren't already, with the belief system of whatever the larger group holds. So there are rituals happening from start to finish in birth. And Robbie Davis-Floyd's book makes that clear. She does focus specifically on her book with hospital birth and the ritual of hospital birth. But, again, today I want to explore how there is ritual happening in home births as well. However, birth does not depend on ritual. Birth has become a rite of passage largely because of cultural beliefs and expectations. But birth as a physical event doesn't really have to have any of those things.

However, there are many beliefs about birth out there. And this is where a lot of this overlaps with what we're covering in our class and trying to be really clear that there are models that hold beliefs. And each belief system, obviously, represents something different. And the way that looks in birth usually winds up meaning location. So what does this belief system mean as far as where a person would birth a baby? What does it mean as far as who would be with her? Or who would be in charge? There is obviously lots of belief systems. This podcast, of course, in the 100 plus episodes, as most of you know, based on belief about birth that we are made to do this, right? That our bodies work. That this is a natural process. That mother and baby are connected. I could go on and on.

But if we focus on the belief system where a lot of these rituals that we're going to talk about today come from, the beliefs are definitely different. Now we would probably just call them mainstream beliefs. Medicalized birth beliefs. If we're talking about birth models, like we are in the class, then we call this the technocratic model. But, again, we could also just refer to them as mainstream beliefs really because that's what they are right now. So these beliefs are not going to surprise anybody, but I'm just going to go through them so that we're all clear.

These beliefs are untrusting of nature and the body, the weakness and inferiority of specifically the female body, the superiority of the patriarchy, the superiority of machines, science, and technology. And one of the key concepts that Robbie Davis-Floyd essentially based this entire book on is that the body is a machine—the pregnant body is a machine, and the baby is the product. So those are the reigning beliefs about birth in our lives in most of our cultures which brings me to the next point. Are these beliefs—do they actually come out of science? Just because science is part of the superiority structure, does it really come out of scientific knowledge? Now I think, at first, most people would say yes. Doctors go to medical school. They're trained in science, and that what they are practicing is based on hard, fast numbers.

It's not. And another reason to investigate her book to get more information about that. But really this technocratic model—these mainstream beliefs about birth that are out there—are based on culture. And once again, that's how ritual and rite of passage figures in because those things are also heavily cultural. So this technocratic model isn't very scientific actually, but it's based on cultural beliefs. There is this core value system, which we've illuminated at least a bit. And it is based on technology but not science. So I think there was a time when I kind of thought those two things were the same, right? Technology equals science. Science equals technology. But they are not the same thing. This belief system is based on the superiority of machines and the things that go ding as the quote goes but not science. Science actually does not justify the beliefs that this model holds.

Doctors, obstetricians in particular, have little to no training in research, and their system is based on our cultural fear and mistrust of nature. So this came up this week with some of the students. So I'm just talking about it more than I might ordinarily. But another way of thinking about this or using real life examples is that science may prove one thing, right? How many articles do you see on Facebook about things that midwives already know, right? And all of the sudden it's science. So what do we know recently, right? That skin to skin increases bonding, for example. Something silly like that. Which we know deeply just as women, as humans, and we certainly know as midwives. But the medical community, this technocratic model, doesn't acknowledge this science, and they don't change their routine. And, of course, their system is very heavily based on routine.

So that's just one example of how this model actually isn't based on science, and it's really, I think, a light bulb moment to have that clear both for yourself and for others as you're describing the belief systems that really are birth in this country at least and many others. So back to ritual a little bit and rite of passage, rituals are a rite of passage. And, of course, a rite of passage is a life event that is a big deal, right? So our births, our first moon cycles, puberty, menopause, all of these things that mark change or transition. Now probably in past podcasts, I have said rite of passage many, many times. I do believe birth is a rite of passage on a very deep and even spiritual level. But in Robbie Davis-Floyd's book and in this more general sense that we're talking about today, rite of passage is not necessarily spiritual. It's not necessarily either positive or negative. It just is part of whatever culture, whatever belief systems. It's simply a life event that relies on transformation and the purpose is actually for the greater good of whatever belief system it serves.

So rite of passage is a way to make people conform to what are the norms of society. So we have these rituals, we have a rite of passage in birth, but we have actual rituals that make up the rite of passage in birth. So once again, her book focuses on hospital birth, and today we're going to talk about some home birth examples. Now why would

we have a ritual in birth? What kind of things am I even talking about? Well, you'll see by reading her book when she's talking about the technocratic model that ritual is made up of all the things that you would expect from a hospital birth that make it a hospital birth. And they're largely based on routine. It's not that these are unique needs for unique women. So things like IVs, enemas, fasting, episiotomies, all of these things are rituals. They actually do meet the criteria for ritual, which I went over earlier. So again, being repetitive, being symbolic, those kind of things.

But in general, these things are in place in birth because it makes us feel safer. A ritual gives us that feeling that everything is okay. If we can hold on to the sense of order, then we are protected and life is predictable. And something like birth, which really is out of our control, we can feign control over. It also supports the belief system. So ritual, again, in hospital birth is an entire book. You should check that out, if you're interested. And now we're going to move on to talk about how these beliefs may not be contained to the hospital and are not contained. And this is another way, I think, of looking at where we are as humans, as mothers, as women, and as midwives even, and where we want to go.

So it's not a new idea at least in our Indie Birth world to talk about home birth and home birth midwives and licensing and regulation and all of that as participation in the mainstream model. So home birth can actually be practiced in such a way that it meets the criteria for the technocratic model in a lot of ways. And some of these examples of rituals, I think, will drive that point home. Now something I found interesting is that really Robbie Davis-Floyd doesn't talk about this whether that's because this book was written a little while ago or because she's not a midwife. I don't really know. But she talks about, again, ritual in hospital birth in such a way that you read it, and you think it's only contained to that setting. And of course, things like IVs and—well, I can't even say enemas. But IVs and pubic hair shaving, I mean there is some stuff in there that definitely is just reserved for hospital births. But I wonder—and I guess I could ask her. She's really an easy person to reach. I could ask her how she views things like this happening at a hospital birth and what she thinks about midwives not all being holistic.

So yeah. I think most people think that home births, midwifery is in the holistic model. But as we get into some of this detail, I think you'll see how that really isn't the case anymore in a lot of places and with a lot of people. So this medical model, this technocratic model, has some things happening as rite of passage, as ritual, and none of these will surprise you probably because you already know, most of you, how these things mess with the physiological, natural process of birth. So this is a similar perspective. But, again, just taking the information from her book about how they fit the criteria for ritual.

So as I was going through her book—I have read this book before, of course—but going through it again for this class, I felt like I hadn't read some of it before, or my views have changed probably in the last couple of years. And I was kind of shocked by, again, the ritual that she goes through and how they do apply to home birth. And, again, I would be really interested to hear what she has to say about that. Anyway, before we get into them, I think it's just another way of explaining things to people especially if they're coming to you for information on their choices in your area, or maybe you're one of those people that's trying to figure out what the heck is going on with all these birth choices. If you don't agree with the belief system of the mainstream technocratic model, if you don't believe that you're a machine and your baby is a product, then you want to avoid those things at all costs. Definitely midwifery as the technocratic model is what I call a wolf in sheep's clothing, and I've said that before in other podcasts. But, again, just a different way to look at it.

So the first example, Robbie Davis-Floyd talks about vaginal exams in labor in the hospital and how that is ritual. Well, it's happening at home too, right? It's routine for most midwives. And it is required by many licensed midwives in some places. And here in Arizona, that is exactly what I'm talking about. Vaginal exams in labor are required. By the letter of the law, a woman cannot refuse them. So, of course, why do we do this, right? Well, we think that we need to confirm someone is in labor. We think we need to put it on the chart as progress. We need to be able to write something down. And, of course, we need to know that her labor is happening on a production time. So as Robbie Davis-Floyd puts it, we want to minimize production time. Remember? The body is a machine, and the baby is a product even at home in a lot of cases. So the body is defective. The authority knows more and really knows all. And an interesting point she brought up that I hadn't really thought of this way is that when you're somebody that's under this belief system and you're the one getting the vaginal exams, your body is public property. So in this model, even if it's a home birth, the beliefs are that birth belongs to society.

Another criteria for ritual is that there is hazing. So there is pain and sacrifice involved on the part of the person being initiated. And in the case of vaginal exams, they're painful. They can be very painful. And so I think that's a really interesting way of looking at that. So next example as birth as ritual, even at home, is breaking the water. Now that may or may not happen with midwives that you know, but I certainly know that it happens especially because it goes along with even with vaginal exams in labor. If we're minimizing production time, we don't always have the patience to wait for the body to do the next step whether it's to birth the baby or to have the waters open. We assume that we are in charge as practitioner. And someone cannot have a baby without us. Again, I've seen this so many times at home births.

As far as Robbie Davis-Floyd's example goes, she says we need to condense the experience time wise. Again, it's all about time and machines. And culture, not nature, knows best. So, again, that kind of reinforces that earlier point about science not even being a real defining fact in this model. I don't know that it's ever been proven that breaking the water improves outcomes. It may shorten the time of labor. I don't really know if that's a study, to be honest with you. But culture, not nature, knows best.

Another example is pushing at 10 centimeters and not before or after really, right? So how many home birth midwives do you know or maybe you've experienced it that must do vaginal exams as someone progresses in labor both for the reasons we've already stated and for the secondary reason of needing to know when somebody is this mythical 10 centimeters. It happens all the time. I saw it all the time when I was apprenticing and attending births with other midwives. And it also comes back to rules and regulations because there's this time limit. We need to know what's going on. And we need to force it when it's not happening fast enough. So pushing at 10 centimeters and not before or after is even midwives at home they must check a woman's cervix before she allowed to push.

So obviously, and a lot of this is really obvious, the assessment of her by another person who knows more is more important than following her own body. There is no respect for the natural rhythm. Another good book quote, "It is the standardization of production." So it's a one size fits all, right? We all need to open to this mythical 10 centimeters. And then whether or not we're ready, there is a baby that needs to come out. And, again, I find these concepts fascinating just because it really explains the way things are the way they are. So if the machine or the body is ready—and of course, we know that there's a lot of levels of readiness to birth a baby. But physically open, then the product must come out, right? It's like any machine in any factory. You would get rid of a malfunctioning machine that wasn't producing the product properly, or you might try and fix it or do something to make it move faster.

But our bodies are seen in the same way. And the fact that they are seen this way by home birth midwives whether it's conscious or unconscious—I certainly don't know that these are conscious thoughts running through many midwives' heads. But as we are looking to train midwives, we want these things to be thought about. And everybody really should be thinking about them because this should not be standard for women that want to own their birth experiences. This should not be standard for midwives that are claiming to be holistic or claiming to be anything other than this medical model. If they are breaking waters, if they are enforcing pushing at 10 centimeters, or anything else we're going to talk about, then they are not practicing in a way that is woman centered.

Let's see. I just had a couple more examples. I'm going to keep this kind of short, for me at least. One example is the breathing techniques that have come through time as time honored traditions in labor. And this I found so fascinating because I really hadn't thought of it in these terms. Specifically, Lamaze breathing is where this kind of came from. And it came from a society called The American Society for Psychoprophylaxis in Obstetrics. Wow. That's a mouthful. I can barely say it. American Society for Psychoprophylaxis in Obstetrics abbreviated as the AMSPO. So this organization in 1965 was a childbirth ed organization that encouraged the use of the Lamaze method. If you don't know what the Lamaze method, you can look that up. I certainly don't know firsthand. I never learned that or did that. But my mom did when she was pregnant with me and when she birthed me. So maybe there's a part of me that actually does remember. But it is a method of breathing during labor.

Now women during that generation, I really don't know what they were told. I guess I could ask my mom. She certainly wasn't under any impression that it would be anything but helpful, right? So that's how a lot of these things go. Stick with this technique during labor, and it will help you through. That's another example of ritual. We hang onto something to make it controllable, to make it understandable. So women were specifically told by this organization—and I don't know how transparently they were told. This is in her book, so you'll have to read it as well. But essentially the belief system was that the doctor is in charge of your physical well being and your baby, and your job is to control yourself and your behavior.

So if you lost me there, the Lamaze method and breathing methods came out of that belief system that the woman doesn't really have the responsibility of taking care of herself and her baby. Her only job is to shut up, be quiet, and allow the doctor to his job, which is to take care of her and her baby. So I found that very interesting. And I've had suspicions of that, of course. I think I've said that probably even publically as far as Hypnobabies or Hypnobirthing goes. And maybe that's just my own conspiracy theory. But to me that feels very much the same. It's a ritualized process, so that a woman can have a formula to get through this mechanical process. And essentially, it's to make it easier on everyone else. And I know, having said that publically, there are people that disagree, and that's fine. That those techniques have really helped them.

And I think it's all in the intention. So if you've used those techniques in your labor and they've worked for you, that's awesome. I'm sure many women that do nowadays aren't doing it for anyone else. And that's really what it comes back to. What is the belief system? Why would a woman choose such a thing? Well, if she's choosing it because she is in a situation where this doctor is in charge and really it is to make her quiet, that's quite different than someone who gets the book, wants to learn the stuff, and really deeply feels that this works for them and their birth. Those are two completely different things, again, based on belief systems and based on intention.

But back to the 1960s for a minute, that really is where it came from. And again, we're focusing today more on how that's a use of ritual. Repetition is safety. And that, again, birth is fully understandable if we apply these breathing techniques. We can predict and control birth if the woman is under control and if she is following a formula. So quite interesting. And again, we're just retracing, I think, our history really as far as why we are where we are with mainstream medical model birth pretty much everywhere.

I think this is my last example. The APGAR score. And once again, this is from Robbie Davis-Floyd's book. This isn't me just coming up with these things necessarily although I am adding to them. So the APGAR score, if you don't know, is a way of assessing babies after birth for respiratory effort essentially and overall health. But what we have to remember is when Virginia Apgar applied this score to newborns it was during a time when moms were being drugged during birth. So she legitimately was trying to figure out what babies were okay and what babies had—were having a slow reaction or an adverse reaction to the drugs they were under. So we could argue in a lot of ways that this isn't even something that applies to home births anymore. And I know that we are still doing it as a whole. Maybe not individually. But it's everywhere. So pick up a midwifery textbook. It's in there. How do you assess or how do you give an APGAR score? It's in our culture.

I have parents at this free classes that know what an APGAR score is. And I think that's really interesting. As they're watching these birth videos, there are people in the room that have that concept in their brain. And last but not least, it's even in paperwork. I know that I have a chart, just a standard chart, that we can use for prenatal, birth, and postpartum. And the APGAR score is very prominently featured on the newborn exam form. So it is very much a part of midwives' training. And I'm not saying we shouldn't assess babies after birth. Of course, that's not what I mean. Of course, as a midwife, you are there to hold the space, and you are looking at each and every baby that comes out in a way that you are getting the answers to those questions yourself, right? So is the baby transitioning well? How is the color? Is the baby making an effort to breathe? Is the baby responding? So we're doing those things, but we're just not framing it in a way that we're scoring the baby. And that's what she talks about in the book.

So I like how she says in quotes, "That it's like a USDA approved meat," right? You go to the grocery store, and there's the sticker on meat. Or maybe even in the produce, right? It's wild crafted, or it's organic. It has this label that tells us that it has been inspected and rated, and it's okay. And that's essentially what the APGAR score is to a baby. So the baby is getting inspected and rated. If the rating is high, the institution gets credit. And that probably is definitely applicable to hospital birth, right? It's like, "Good job, hospital." Not good job, mom. Good job, baby. The hospital is proud of itself. And then if the APGAR score were to be low, it reinforces the belief that birth is dangerous and that the machine malfunctioned.

So she goes on to talk about how the APGAR score is a first in a long line of scores that a baby or person will receive its whole life. And I think this is the most important as a mother. It sets up the mother to rely on outside assessment of her baby and child. So those were just some examples that I took to heart that are rituals and that are happening very much so in home birth so that those who are in those scenarios can be clear about what they're getting or not getting. And they can really, really dig a little bit deeper with the belief systems of the person they have chosen or the place they've chosen because things are not always what they seem on the outside. And when you have rituals like these happening at home birth, I think you really have to look again at what you think the belief systems are that are being represented.

So she does have a couple other examples in the book, which you can read about, that I think are pretty awesome like vitamin K and the eye ointment, which I know here in Arizona are required for licensed midwives to administer at home. So I hope you enjoyed those couple of examples. I think they're really interesting and kind of illuminates why this technocratic model is not working even at home. We're not providing optimal care for mothers and babies which would be a requirement for a model working. A lot of these things—maybe not vitamin K, for example—but something like vaginal exams or breaking the water do make birth more difficult. And that also is a criteria for a model that does not work. Why on earth would we be trying to make birth more difficult? “And we are creating problems with technology that then have to be fixed by technology.” And that's a direct quote from her book. And I very, very much agree with that.

So something—if we consider vaginal exams, for example, to even be technology, which you could definitely argue they are because they're outside of the mother, then we often think we need to get involved in other ways. Breaking the waters or making the labor move faster or whatever it is. So those are some reasons why I think these rituals and this model are not working even at home. They are not improving outcomes for moms and babies. They are not women centered, and they may cause unnecessary harm to mothers and babies.

So to end this podcast, something that Robbie Davis-Floyd does say in her book that I really like and want to think more about myself is that obviously we are not machines. So that is the belief system. And some women will perhaps identify with that although when it's put that way I can't imagine that people do. But they might. But we are not. The truth is we are not machines. Of course, the female body is not defective. And so the extent to what—to which this ritual can continue is up to us. So whether or not these rituals can continue to succeed or whether or not this model can continue to exist is really up to the individual, and then it's up to the culture. So I thought that was a positive way of kind of wrapping this up. That these things don't have to stick around.

That the more we shed light on what they are and why they are the more people will choose perhaps other things based on their own deep beliefs.

So thanks for listening today. Be sure to check out that book, *Birth as an American Rite of Passage*, if you want more information. And check out the indiebirth.com website for all kinds of new information. Thanks. Have a great day.

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