

Childbirth in the Land of Utopia

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Abstract: In this creative look into the future, the author offers a scenario in which giving birth without medical intervention is deemed to be ideal. The scene starts in the year 2010 with an interdisciplinary conference to discuss the need to control the rate of caesarean birth. The effects of the Utopian attitude are evaluated in 2031. Interestingly, outsiders had been at the root of the miraculous solutions unanimously adopted in this country. This essay presents a thought-provoking approach that will have you creating your own version of Utopia.

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As everybody knows, our country - Utopia - is an independent territory.

In spite of our high scientific and technological level, we have maintained, and even developed further, our main cultural characteristics. In particular, we have developed our capacity to make unrealistic projects and to transcend the limits of political correctness. We shall illustrate the specific details of the Utopian with the history of childbirth.

In 2010 two local celebrities had chosen to give birth by caesarean. This is how childbirth suddenly became one of the main topics for discussion in the media. Everyone realized that every year the rate of caesareans was higher than the year before. The dominant opinion was in favour of authoritarian guidelines by the Utopian Health Organization (UHO). To face such an unprecedented situation the

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Head of the UHO decided to organize a multidisciplinary meeting. A statistician spoke first. He presented impressive graphs, starting in 1950, when the low segmental technique of caesarean replaced the classical technique. According to his extrapolations it was highly probable that after 2020 the caesarean will be the most common way to give birth. A well-known obstetrician felt obliged to immediately comment on this data. He claimed that we should look at the positive aspect of this new phenomenon. He explained how the caesarean had become an easy, fast, and safe operation. He was convinced that in the near future most women would prefer to avoid the risks associated with a delivery by the vaginal route. To support his point of view about the safety of the caesarean, he presented a Canadian study, published in 2007, of more than 46,000 elective caesareans for breech presentation at 39 weeks with zero maternal death, and an American study, published in 2009, of 24,000 repeated caesareans with one neonatal death. He explained that, in many situations, an elective pre-labor caesarean was by far the safest way to have a baby. While concluding that "we cannot stop progress," a midwife's body language suggested, that there was something the doctor had not understood.

A very articulate woman, the president of BWL (Association for Birth With Love) immediately reacted to the conclusion by the doctor. She first asked him which criteria he was using to evaluate the safety of the caesarean. Of course he mentioned just perinatal mortality/morbidity rates and maternal mortality/morbidity rates. Then the president of BWL explained that this limited list of criteria had been established long ago, before the 21st century, and that a great diversity of developing scientific disciplines was now suggesting a list of new criteria to evaluate the practices of obstetrics and midwifery. This was the turning point of this historical multidisciplinary meeting.

The Professor of hormonology immediately echoed this eloquent and convincing comment. After referring to an accumulation of data regarding the behavioral effects of hormones involved in childbirth, he could easily convince the audience to conclude that, to have babies, women had been programmed to release a real "cocktail of love hormones." During the hour following birth, he illuminated how the maternal and fetal hormones released during the birth process are not yet eliminated and each of them has a specific role to play in the interaction between mother and neonate. In other words, he added, thanks to the hormonal perspective, we can now interpret the concept of critical periods introduced by behavioral scientists: some pioneers in this field had understood, as early as in the middle of the twentieth century, that among all mammals there is, immediately after birth, a

transient period of time that will never happen again and that is critical in mother-baby attachment. He dared to conclude that, by combining the data he had provided with the result of countless epidemiological studies suggesting that the way we are born has life-long consequences, it was clear that the capacity to love develops to a great extent in the perinatal period. The obstetrician was gazing at him.

After such conclusions by the Professor of Hormonology, the head of the department of epidemiology of UHO could no longer remain silent. This epidemiologist had a special interest in "Primal Health Research." He had collected in particular hundreds of published studies detecting risks factors in the perinatal period for a great diversity of pathological conditions in adulthood, adolescence, or childhood. He offered an overview of the most valuable studies, particularly those involving huge number of subjects. He summarized the results of his enquiries by noticing that when researchers study, from a Primal Health Research perspective, pathological conditions that can be interpreted as different sorts of impaired capacity to love (to love others or to love oneself), they always detect risk factors in the perinatal period. Referring to the comments by the president of BWL about the needs for new criteria to evaluate the practices of obstetrics and midwifery, he emphasized the need to think long term. Finally, he presented the Primal Health Research Databank as a tool to train ourselves to think long term.

Then a geneticist impatiently raised her hand. She presented the concept of "gene expression" as another way to interpret the life-long consequences of pre- and perinatal events. She explained that among the genetic material human beings receive at conception, some genes will become silent without disappearing. The gene expression phenomenon is influenced in particular by environmental factors during the pre- and perinatal periods. The obstetrician was more and more attentive and curious, as if discovering a new topic. One of his judicious questions about the genesis of pathological conditions and personality traits gave the geneticist the opportunity to explain that the nature of an environmental factor is often less important than the time of the interaction. She explained the concept of critical period for gene-environment interaction. The presentation by the geneticist induced a fruitful interdisciplinary conversation. The epidemiologist jumped on a question by a general practitioner to provide more details about one of the new functions of the Primal Health Research Database, which is to give some clues about the critical period for gene-environment interaction regarding different pathological conditions or

personality traits.

A bacteriologist, who had kept a low profile since the beginning of the session, emphasized that the minutes following birth are critical from his perspective as well. Few people had previously understood that at the very time of birth the newborn baby is germ-free and that some hours later millions of microbes will have colonised its body. Because the antibodies called IgG cross easily the human placenta he explained that the microbes familiar for the mother are already familiar for the germ free newborn baby, and therefore friendly. If the baby is immediately invaded by friendly germs carried by the mother, it is protected against unfamiliar and therefore potentially dangerous microbes. He commented that when babies are born via the perineum, it is a guarantee that they are first contaminated by a multitude of germs carried by the mother, compared with babies born by caesarean. In order to stress the importance of the question, he mentioned that our gut flora is, to a great extent, established during the minutes following birth: useful considerations at a time when we are learning that this intestinal flora represents 80% of our immune system.

The bacteriologist agreed, when an infant-feeding adviser added that, in the right environment, if mother and newborn baby are not separated at all, there is a high probability that the baby will find the breast during the hour following birth and will consume the early colostrum with its friendly germs, specific local antibodies, and anti-infectious substances. The consumption of early colostrum probably has long-term consequences, at least by influencing the way the gut flora is established.

The head of UHO was obviously happy with the progress of the interdisciplinary meeting he had organized. He asked an old philosopher, considered the wise man of the community, to conclude. The philosopher explained that we should not ignore a specifically human dimension and that we must, first and foremost, think in terms of civilisation. He referred to the data provided by the epidemiologist. Among the studies he presented, huge numbers had often been necessary to detect tendencies and statistically significant effects. This is a reminder that, where human beings are concerned, we must often forget individuals, anecdotes and particular cases, and reach the collective and, therefore, cultural dimension. From what had been heard during this meeting, it was clear that humanity was in an unprecedented situation that he summarised in a very concise way. Today, he said, the number of women who give birth to babies and placentas thanks to the release of what is a real cocktail of love hormones is approaching zero. What will happen in terms of

civilisation if we go on that way? What will happen after two or three generations if love hormones are made useless during the critical period surrounding birth?

After such an eloquent conclusion the head of the UHO asked the participants their point of view about the necessity to control the rates of caesarean. Everybody, including the obstetrician, found the need for action necessary, even urgent.

This is how a second meeting was planned in order to find effective solutions.

At the beginning of the second meeting the head of UHO asked the participants if they had solutions to suggest in order to control the rates of caesareans and other obstetrical interventions. The obstetrician presented a project "to assess the effectiveness of a multifaceted strategy for improving the appropriateness of indications for caesarean." Nobody paid attention. A recently graduated young doctor spoke about the need to reconsider the education of medical and midwifery students. The head of the midwifery school immediately replied that all over the world there have been many attempts to renew the education of midwives and doctors, including specialised doctors, without any significant positive effects on birth outcomes. Several participants spoke about financial incentives to decrease the rates of obstetrical intervention. The head of UHO intervened and stressed that, since this solution had been unsuccessfully tried in several countries and, furthermore, that the rates of c-sections were increasing in all countries whatever the health system: we should therefore look at other factors. He added that the risk would be to increase the incidence of long and difficult births by the vaginal route with an overuse of pharmacological substitutes for the natural hormones. This effect would be unacceptable at a time when the c-section has become such an easy and fast operation. The priority should be to try first to make the births as easy as possible in order to reduce the need for obstetrical interventions in general.

Unexpectedly, the turning point in the discussion occurred when a neurophysiologist - internationally known for her studies of the behavior of mantis religiosa, a variety of praying mantis - intervened for the first time. She explained that by mixing her scientific studies and her experience as a mother, she had acquired a clear understanding of the basic needs of laboring women. In general, she said, the messages sent by the central nervous system to the genitalia

are inhibitory. She understood this simple rule when studying the mating behavior of *mantis religiosa*. During sexual intercourse in this species the female often eats the head of the male, a radical way to eliminate inhibitory messages! Then the sexual activity of the male is dramatically reinforced and the chances for offspring conception are increased. She had understood that the inhibitory effect of the central nervous system on all episodes of sexual life is a general rule. She had many occasions to confirm this rule and, interestingly, she understood that still more clearly after giving birth to her first baby. She is convinced that the reduction of her neocortical activity was the main reason why this birth was so easy and fast. She recalled that human beings are characterised by the enormous development of this part of the central nervous system called the neocortex. Her neocortex was obviously at complete rest when she was in established labor, since she had completely forgotten many details about the place where she gave birth. She remembers vaguely that she was in a rather dark place, and that there was nobody around but a midwife sitting in a corner and knitting. She also remembers that at a certain phase of labor she was vomiting and the midwife just said, "this happened to me when I had my second baby, it's normal." Although this is imprecise in her memory, she is convinced that this discreet comment with a whispering motherly voice had facilitated the progress of labor. With this experienced and calm mother figure she could feel perfectly secure. She can understand in retrospect that all the conditions were met to reduce the activity of her neocortex. She could feel secure without feeling observed, in semi-darkness and silence. So, her practical suggestion, after combining what she learned as a neurophysiologist and what she learned as a mother, was to reconsider the criteria used to select the midwifery students. The prerequisite, to enter a midwifery school of the future, would be to have a personal experience of giving birth without any medical intervention and to consider this birth as a positive experience.

The obstetrician was not comfortable with this suggestion, claiming that he had been working with wonderful midwives who were not mothers. The head of the midwifery school retorted that everybody knows good midwives who are not mothers. However, her duty is to offer the guarantee that the midwives graduated in her school share such personality traits that their presence close to a birthing woman will disturb the progress of labor as little as possible. This is why she cannot imagine better criteria than those suggested by the neurophysiologist. *Because this suggestion was outside the usual limits of political correctness, it was immediately considered by almost*

everybody as acceptable in the land of Utopia.

Then a male voice was heard from a corner of the room. It was the voice of the young technician whose role was to record the session: “As an outsider, can I ask a naïve question? What if the prerequisite to be qualified as an obstetrician would also be to have a personal experience of giving birth without any medical intervention and to consider this birth as a positive experience?”

At that time it was as if everybody in the room was in the situation of Archimedes shouting ‘Eureka!’...An unforgettable collective enthusiasm! It was immediately obvious for all the participants that such a project was unrealistic enough to be adopted without any further discussion and without any delay in the land of Utopia.

A committee was immediately set up, in order to organise a 15-year period of transition.

Today, in January, 2031, we can offer valuable statistics, since the period of transition was over in 2024. These statistics are impressive.

The perinatal mortality rates are as low as in all countries with similar standards of living. The rates of transfers to paediatric units have dramatically decreased. There has not been one case of forceps delivery for four years. Since the priority is to avoid long and difficult labors by the vaginal route, the use of ventouse and the use of drugs are exceptionally rare. More importantly, the rates of caesareans are three times lower than before the period of transition. The rate of breastfeeding at six months is above 90%. A paedopsychiatrist has already mentioned that autism is less common than in the past. If the respected philosopher – the wise man of the community – was still alive, he would state that now, in the land of Utopia, most women give birth to babies and placentas thanks to the release of a “cocktail of love hormones.”

The new head of UHO and his teams prepared articles for different sorts of international media. They launched a “call for 5-words slogans,” in order to urgently spread the word in a concise and effective way. This is the selected slogan:

ONLY UTOPIA CAN SAVE HUMANITY!