

Interview with Michel Odent, MD: Pioneer and Visionary in the Birthing Profession

Interviewed by Kate White, MA



Michel Odent studied medicine in Paris and was educated as a surgeon. He has been presented in *Lancet* as “one of the last real general surgeons.” Dr. Odent was in charge of the surgical and maternity units of the Pithiviers Hospital (France) from 1962 to 1985, where he developed a special interest in environmental factors influencing the birth process. He introduced concepts like home-like birthing rooms and birthing pools in maternity hospitals, and singing sessions for pregnant women. After his hospital career he was involved in home birth. He founded the Primal Health Research Centre in London, and designed a database (primalhealthresearch.org) in order to compile epidemiological studies. These studies explore correlations between what happens during the “Primal period” and health later on. Odent is the author of 13 books published in 22 languages. He has published many articles in JOPPPAH.

This is a great opportunity for APPPAH to do an interview with you

I was at the first conference for APPPAH in 1983 in Toronto.

What did you present there?

At that time, it was *Genesis of an Ecological Man: How to Develop a Respect for Mother Earth*. That was the title of one my books in French: *Genesis d'un Homme Ecologique*. Human beings and respect for mother earth, how to develop that. It was my first topic to address in the city of Thomas Verny! July 1983.

How was it back then, was it so different than now? Studying birth? And PPN work?

It was more difficult at that time. We had not the support of new emerging scientific disciplines. Today it is easy to explain the importance of what is happening at birth. We refer to epigenetics. We refer to economic methodology, microbiology, new bacteriology. We refer to new mechanism of evolution of the species, mitochondria, and such and such. It is so easy now, particularly when you talk with doctors. It is easy to talk with doctors. It is more difficult to talk with natural childbirth groups. I find they have a kind of special attitude regarding science. They often have no scientific background. They have an attitude like we are a group of women, we don't know that. It is becoming harder to talk with natural childbirth groups, and easier to talk with doctors.

Interesting.

Yes, it is easy to talk about scientific knowledge today!

True! So do you find that people are much more open to the idea that babies are conscious and that they participate in birth.

Yes, there is an awareness of the importance of these issues. What is difficult is to reconsider the understanding of birth physiology. We are still under the influence of thousands of years of cultural conditioning, of the effects of the belief of the church. There is a natural conditioning according to

which a woman cannot give birth. Key words are “helping, coaching, guiding,” and so on. When we speak like physiologists and talk like physiologists for an involuntary process, we talk about what we can do to protect it. It is another way of thinking.

To protect the woman’s ability?

To protect the involuntary process of birth. To protect it. The key words are not “helping, coaching, guiding, controlling, supporting” and so on. It is just to protect the involuntary process. It is another way of thinking. If we don’t do a shift, birth will be more and more difficult. It will be more cesarean section. The point is not how to reduce the rate of c-section, it is how to improve our understanding of birth physiology, how to think in a positive way.

How, in your mind, could it be ideal just now? What would be the best way to do that right now?

To accept sometimes situations considered utopian. Today, when we look at all the threats for mankind, climate change, pollution of the ocean, you know, threats of that kind, in fact, theoretically, we have the solutions. We know the solutions. But, to accept the solutions, we have to enter the world of utopia. I will illustrate that, with regard to childbirth.

Yes, please.

I can describe a scenario that I am quite familiar with, which, in general, is compatible with a birth as easy and as fast as possible. We can look at this scenario from the perspective of a modern physiologist. We will see after that, in reality, this scenario is culturally almost unacceptable. It is utopian.

Imagine, a laboring woman in a small, dark room. There is nobody around apart from one experienced and silent midwife sitting in the corner, knitting. It is easy to describe. Let’s look at that from the perspective of a physiologist. Let’s look at all the details.

We say that the midwife is knitting. A small detail but important for a physiologist today. Look at the effect of a repetitive task. When we do repetitive tasks, like knitting, we reduce the levels of adrenaline. Knitting as a repetitive task has a physiological effect, reducing the level of adrenaline of the midwife. Why is the level of adrenaline of the midwife important? Why? Because it is contagious! It can be transmitted to the laboring woman. Modern sophisticated scientific methods can help us to rediscover common sense. Today there are different ways to study direct brain to brain communication. One perspective of this can be exploration of the mirror neuron system. So, what does it mean? It means that when you are close to a person in a specific emotional state, you activate the same part of your brain as this person. So, with modern sophisticated technique of brain imaging, you can understand that. It is a way to say that the emotional state of the midwife is important, the level of adrenaline of the midwife is important. According to modern physiology there is an antagonism of adrenaline to oxytocin. That is easy to explain.

Other details. We said, a small dark room. When a woman is in a dark room and is not exposed to light, she can release a hormone called melatonin, the darkness hormone. Melatonin has many physiological effects. One effect is to reduce neocortical activity: reducing neocortical activity is what makes human birth possible. Eliminate all the inhibitions coming from the neocortex. For an involuntary process like the birth process, there are inhibitions coming from the neocortex. Birth is not the business of the brain of the intellect, so a solution nature found is that the neocortex must stop working. To reduce neocortical control is much easier when you release melatonin. Melatonin also has uterine receptors which will work with oxytocin receptors. Melatonin and oxytocin work together. So, it is apparently in the details: a small dark room is an important for a physiologist. We said one midwife. One is important. When a woman is in labor, it is important that she does not feel observed. When you feel observed, you activate your neocortex. There is more risk of being observed when there are people around. Just one midwife. One is important. That was understood in some traditional societies. For example, if you look at oxford dictionary of medical quotation you find

a proverb from Persia, now Iran. They say, "When there are two midwives, the baby's head is crooked." A Hungarian proverb says, "When there are two midwives, the baby is lost." In Amazonian tribes, they say the same. In Chili, they traditionally say something similar, "muchas manios matan las guaguas . . ." it means "many hands kill the baby." In some traditional societies it is dangerous to have more than one midwife.

Once again, let's focus on the detail. We said "one experienced midwife." If the laboring woman feels that the midwife has a good experience, she will feel more secure, lower her level of adrenaline, easier release of oxytocin. We said, "A silent midwife," so to not stimulate the neocortex with language.

Not to engage in conversation.

During the birth process, that is the enemy! Silent midwife. We said, "a midwife sitting in a corner." Apparently she is not in a position of being an observer. So, I describe an apparently very simple scenario: A small dark home with one silent midwife sitting in a corner, knitting. All the components of this scenario can be explained by modern physiology. I know from experience. I don't present it is a model. I don't say it should be like that. That is an example of a situation which is, in general, compatible with an easy birth.

Why couldn't it be like that?

The point is that if you describe that today in front of professionals, immediately they realize it is utopian, and it is impossible. There are obstacles. For example, I am promoting knitting. That is sexist! And what about the father? What if the midwife is a man? Immediately you receive all the lists of why it is utopian. That is the problem today. The problem today is to accept utopia!

You describe elements that we can perhaps somehow become aware of in our modern world.

We have to become aware of it. What I have described is the opposite of the dominant way of thinking. Even natural childbirth groups! I think of an extreme example of a concept coming from natural childbirth groups illustrating the cultural lack of understanding of birth physiology: it is the concept of husband coached childbirth. That you cannot imagine is so far away from birth physiology. When you say husband coached childbirth you assume that a woman is not able to give birth by herself. She needs a coach, a guide. And this coach can be a man who has no personal experience of childbirth but who is trained by an expert? Exactly the opposite of how we can understand the process of birth from a physiological perspective. So the big problem today, is the natural childbirth movement. How to neutralize it?

I really get a good picture from the components that you describe. I think that we can find ways to illustrate them. But I do think your utopian description is achievable. But that is my opinion.

I know it is achievable. I have some experience of home birth with one particular doula I have known for a long time. She worked frequently with me in the past. As a doula, she had a good understanding of the birth process. She had the capacity to keep her mouth closed. And, when I go to a birth with her, I stay in the kitchen, and keep the husband busy, leaving the two women together. I know that situation is compatible with an easy birth, with what I call the fetus ejection reflex.

A scenario that I know about is: a woman gives birth to the baby, then to the placenta, and then the father is introduced. At that time, in general, the father will look at his wife or partner as if saying something like, I am so proud of you. He is so full of respect for his wife, involved in the mystery of life. After that, there will be an attachment with the child via a reinforced love, respect, admiration for his wife. Very different from what the theoreticians say. What they say is that if the father is there, there can be an attachment between father and baby. It is not the same. It is a critical time because mother and baby are in a special hormone balance and the father is not in this special

hormone balance. The real problem today is with natural childbirth groups to reverse all these concepts.

I have written about the solution and printed it the Lancet. Reducing caesarean section should not be a primary objective. It should be a consequence of a better understanding of birth physiology.

Yes, that was a paper we published, too. One of the concepts we have in pre and perinatal work is that there is a layer of support supporting the midwife. Would you agree with that would be an assistant to the midwife, or someone supporting the midwife?

What do you mean?

Somebody who would be helpful to the people helping the woman give birth? Is that something you would consider in your model?

Yes. I can tell you a secret. The title of the book I am writing now.

Oh yes, please, what is it?

It is a bit provocative of a title. Probably, it will be: *Do We Need Midwives?*

Well, that would be provocative. Women seem to need a lot of reassurance these days. So, what is your main premise in your book, Do We Need Midwives?

I have to explain that. We have different answers, depending on the perspective from which you start. If you look at what is said in academic circles, anthropological or primatologists, being a midwife is the oldest profession in the world. When people say, a particularity of human beings to give birth, women need help for mechanical reasons. I explain mechanical reasons, like the baby's head being in certain positions. If you start from this perspective, you will say, this question is stupid. It's a ludicrous question. Of course, we need midwives. So, after that, I explain from another perspective, it is a sensible question. Because we repeat that it is the oldest profession but the problem is that an accumulation of data suggests that this is only true since the Neolithic Revolution, when we started to dominate nature. That is the beginning of agriculture. It means domination of nature.

In pre-agricultural preliterate societies, we have enough data to say, at that time, women used to isolate themselves to give birth, like all mammals. So it is not true to say that the need for help is universal. We should say that childbirth has been recently socialized.

Well, that makes sense.

We have socialized birth and we have made it more difficult. And we say that it is for mechanical reasons that birth is difficult for humans. If it was true that it is difficult only for mechanical reasons, we couldn't explain why some women can give birth quite easily. There are some women that have a shape of the body that is absolutely normal like everybody, and they give birth easily in minutes. I have been with women who have had a real fetus ejection reflex. A very easy fast birth! So if birth is difficult for human beings, it is for other reasons. The main reason for difficulty is neocortical activity. That is the difference with other mammals. If we reduce neocortical activity and become like other mammals, we give birth quite easily.

First chapter of the book is: It is a ludicrous question.

Second chapter is: It is a sensible question.

Third chapter is: Anyway, it is a useless question.

But it is not a finished book. When I say it is a useless question because in a way, just like, humanity can be born by c-section, so?

The c-section rates are going down a little bit.

Finally at the end, we change the question. It is not, do we need midwives. It is what kind of midwives do we need?

I'd say, that is going to be a good book.

I'd say that is the right question.

Well what kind of midwife do we need?

We need a midwife who is a protector!

A Protector! So, tell me what is that?

A kind of a woman with whom a laboring woman feels secure without feeling observed, a kind of mother figure who can also realize what is happening. And, not a midwife trying to do something.

This is beautiful. I feel very touched by your vision.

This book has an addendum.

So what is this addendum?

Can humanity survive medicine?

Laughing together

That is a really good question! Medicine does have its own effect on us. Iatrogenic.

This is the basis of my question, but it is still preliminary. It is a secret!

The point is that, life has been regulated by some laws. One of the main laws is natural selection. But now, modern medicine has completely neutralized natural selection. So, if we develop that, we can anticipate a time when all human beings will be dependent on medicine.

So, back in the beginning in 1983 you presented a paper about how human beings need to stay connected to the Earth.

It was about how to develop this facet of love, which is the respect for Mother Earth. What I developed later on was the book, *The Scientification of Love*. It was a way to say, we talk about ecological society, ecological technology, ecological science, but not really ecological man. We have to look at the transformation of *homo sapiens* first. I always go back to this issue.

What if we cultivate that more in ourselves now. I would say we have been separated from nature more and more now, homo sapiens 2014. So if we cultivate a nature connection will that help this medicine question?

Yes, we have to think of what the particularities of *homo sapiens* will be in the future I am raising questions.

Well, you have laser vision. You've had laser vision on this topic for decades.

Yes, too soon! I published this *Genesis d'Homme Ecologique* in French in 1979. No one understood at that time what I was trying to say, particularly the ecologists, they could not understand.

So we have caught up to you a little bit.

It was pioneer work. But it is easier now to introduce this topic now because of science, emerging scientific discipline becoming easier.

Science is helping us settle more with these very old ideas. If we are connected to the Earth, and we are connected to nature and we trust our bodies, we find these quiet places to have our babies. Science is helping us support that!

Science is helping us to understand the importance of these questions. It is the part of physiology to find solutions.

I am very curious about right now, when you look back on the all the years you have been doing this work, do you have any themes you can talk about? I know you have just talked to me about how medicine has conditioned us, and how childbirth has not gone in a good way. I tend to think a lot about our field. It has been 40 years now that we have been doing pre and perinatal psychology. Are there any lessons learned besides the stories you just told me?

Toronto was the very beginning! In the 1980s. You were a little girl!

I was 21 in 1983. I did not know anything about birth dynamics or pre and perinatal work until 1999. Have things changed so very much since 1983?

There have been many Congresses.

*Your work has had a big impact on our field. Your book, *The Scientification of Love* was required reading for us.*

That was a book written at an important time. We could talk about love in a scientific way. Now, there is more than that.

People made their pilgrimages to be with you in France. People went out to be with you! You inspired a lot of people to have a gentler birth.

Birth can be fast, it can be powerful! So sometimes, when it is powerful, intense, it is not gentle.

Let's say protected then. They gravitated to you because birthing with you felt, maybe the right word is quiet.

I never associate a birth with an adjective. Never. There always seems to be an adjective before the word birth. Gentle birth, orgasmic birth, I never associated birth with an adjective. The risk is that after that people think that we offer a model. I prefer to stay with the physiological aspect and raise questions about the basic needs of laboring women.

That's a good habit.

Otherwise, people will associate something with birth, gentle birth. The publisher called it Gentle, Soft Birth. I would never say that.

What drew you to become an obstetrician or a birthing professional?

By accident. Originally, I was a surgeon. It was in the 1950s, when they first developed the modern technique of the caesarean section. Obstetricians had no experience with surgery. At that time, c-section was in the category of emergency surgery. And I experienced the technique in the French army, in 1958 and 1959 during the war in Algeria. It happened after that, when I was in charge of the surgical unit in the state hospital one hour from Paris, in Pithiviers Hospital, that there was no doctor officially in charge of the small maternity unit. There were two midwives, and they knew I was familiar with the new technique of c-section, because I knew about obstetrics in the past there were always calling me when they had a problem. So, unofficially, in fact, I took responsibility of the small maternity unit in addition to the surgical unit. But, I developed such an interest in that, introducing new concepts, helping women to feel at home, singing sessions, birthing pools that we went from 200 births a year to 1000 births a year. I was still the only doctor. So finally, there was no time for surgery. I needed colleagues for surgery, and I became a fulltime obstetrician by accident.

What a wonderful story. How long were you running that place?

For 23 years.

And now you are in London.

After my hospital career, I created a research center, the Primal Health Research Center. One of my activities has been to develop a database, called the Primal Health Research Database.

I know it, I use it.

It is a branch of epidemiology. We collect all studies in this framework. To feed the database, I have to be aware of what is published in the medical literature.

I go in there and do research when I need to, and I thank you. I tell people about it. People are still finding it. . . . Well, I really appreciate your utopian picture, with your protective midwife.

I wrote in one of my articles elsewhere, an addendum in one of my books: *Childbirth in the Land of Utopia!*

Yes, that was a published article and a chapter in one of your books. You have written so much, and contributed immensely to our understanding of birth. Michel, it has been a real pleasure spending time with you today. I look forward to the next time we can talk.