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Delivering Ecstasy

can new natural birthing techniques turn pain into pleasure?

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By Cassandra Brooks



Monterey hypnobirth instructor Danielle Rodhouse, pictured here in the waiting room of CHOMP's family birth center, advocates that pregnant moms speak up to make better informed decisions about their hospital care.

My sister rests in her new rocking chair with her feet up and eyes closed. Her husband intones the words of a daily guided meditation they learned in their hypnobirthing class. "I breathe up slowly with each surge of my body. I release my birthing to my baby and my body. I put all fear aside as I prepare for the birth of my baby," he reads. She breathes to the rhythm of his voice, her hands resting on the large hump of her belly. Her midwife says her body is ready. The baby has dropped low into the spread of her hips and will come any day.

Unlike many women in their final days of pregnancy, my sister shows no fear or anxiety. She trusts her body, her baby, and the skills she's learned through hypnobirthing. She tells me that for some women, guided meditation can convert birth – stigmatized as excruciatingly painful – into something calm, beautiful, even orgasmic.

My sister wasn't making this up; the topic has gained increasing national attention since the release of the film *Orgasmic Birth* in May 2008. The following January, the television show *20/20* featured the movie, prompting a blogging firestorm about childbirth's best-kept secret. According to some midwives and doctors, women can have orgasmic births if they let the body release its natural hormones and avoid standard medical intervention. Others scoff at the idea or dismiss it outright. The risks to both baby and mother, they say, are simply too high.

The *Orgasmic Birth* movie project (www.orgasmicbirth.com) was conceived six years ago by Debra Pascali-Bonaro, an East Coast-based international childbirth educator. Working with midwives abroad, she had witnessed many women having pleasurable births. "I was aware of the media's role in making birth fearful in the United States, and I didn't think I could take them on," she says. "But I had to show the world there was another way to give birth."

Pascali-Bonaro, who spoke last weekend at a childbirth conference at Asilomar Conference Center (see sidebar, pg. 22) sought out women who wished to take control of their births. After five years of filming, the crew had 11 affirmative birth stories to tell. Each was unique, not all were pleasurable, and only two were orgasmic. Most women gave birth at home, often with yoga balls to lean on or water-birthing tubs to relax in. During labor, they were on their knees, squatting, or on all fours; only two labored in the more traditional position on their backs. Many women created an intimate atmosphere with low lights and soft music. Some even turned the birth into a sensual time with their partners.

Pascali-Bonaro also included scenes from hospital births. They provided a stark contrast: graphic footage of epidurals, a C-section, and a gruesome vacuum-assisted birth.

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The film elicits dramatic responses. At a recent showing at the UCSF nursing school in San Francisco, I sat among midwives, nurses, researchers, and students. They grinned and nodded at the women in their birthing tubs going through the natural – and often awkward – motions of birth. They giggled at the babies caught by awe-struck husbands, and they sighed when the mothers nuzzled and bonded with their newborns. The final scene provoked wonder: A woman has obvious multiple orgasms, followed by a remarkably easy birth. Some said the film could be a great learning tool for mothers, midwives and doctors.

Pascali-Bonaro, who has 25 years of experience in the field and has taught at the University of Pennsylvania, Columbia University and New York University, says she's received thousands of e-mails from women around the world saying they have experienced orgasmic births. But she realizes it won't happen for everyone. "I had a lot of pain and difficulty and challenges in my childbirth, but there was a lot of pleasure and ecstasy [too]. We can have all of that," she says. "Why can't we say it's possible, the same way we say C-sections are possible?"

Pascali-Bonaro's supporters include some in the medical community.

"A woman's ability to orgasm during childbirth is basic science," says Dr. Christiane Northrup, an obstetrician/gynecologist, educator, and author based in Maine. As the baby makes its way through the birth canal, she says, it can stimulate the areas that cause a woman to climax during intercourse. During labor, hormones such as oxytocin and beta-endorphins flood the woman's body – the same cocktail released during sex, Northrup adds.

Oxytocin is the hormone of love, pleasure and bonding. It makes the uterus contract and induces the birth canal to stretch as the baby descends, according to Michel Odent, a French obstetrician and prolific author on the science of love. Beta-endorphins, morphine-like chemicals, surge through the mother's body to suppress pain naturally. In the final moments of labor, when women need to make the last big push, they get a rush of adrenaline and nonadrenaline, the excitement hormones, Odent says. Northrup has described all of these hormones as "Mother Nature's anaesthetizers."

Many midwives and doctors testify that a woman's birthing environment plays a critical role in orgasmic birth. Ina May Gaskin, a practicing midwife for more than 30 years and author of *Spiritual Midwifery* and *Ina May's Guide to Childbirth*, surveyed mothers in her community and found that 20 percent had at least one orgasmic birth. Many of these women had birthed their babies at Gaskin's Farm Midwifery Center in Tennessee, which she founded with her husband Stephen Gaskin, a leading counterculture icon in San Francisco in the '60s. "I wouldn't be surprised if that number applies to all women having births there," she says, based on her farm's safe and supportive environment.

Some argue that the labor setting should be akin to a romantic evening, with low lighting in a quiet place where they can be intimate with their partners.

"The same way we need privacy to have sex, we need this in birth, too," says Danielle Harel of the Institute of Advanced Study of Human Sexuality in San Francisco. For her PhD dissertation, Harel surveyed a dozen women who had orgasmic births. Many considered themselves highly sexual – and many were intimate with their partners
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who had orgasmic births. Many considered themselves highly sexual – and many were intimate with their partners during labor, which they said helped to ease the pain.

Fear can compromise the hormones that lead to a pleasurable birth, some childbirth professionals say.

DURING LABOR, HORMONES SUCH AS OXYTOCIN AND BETA-ENDORPHINS FLOOD THE WOMAN'S BODY – THE SAME COCKTAIL RELEASED DURING SEX.

“Years of seeing women scream on television during labor, like it’s the worst thing ever, make them terrified of giving birth,” says Elizabeth Davis, a midwife and birth educator from Sebastopol. Those expectations of pain can trigger the “fight or flight” adrenaline response.

In labor, adrenaline delivers the final push. When that rush comes too early, it acts as an antagonistic hormone, according to Dr. Sarah Buckley, a family physician and author. This can lead to longer labor and adverse fetal heart rate patterns – a sign the baby is under stress, she says.

Drugs administered in the hospital to help speed up birth and alleviate pain cause further problems, Buckley adds. Pitocin, a synthetic version of oxytocin, hastens labor by causing unnaturally hard and long contractions. That may stress the baby further, Buckley says. Because pitocin mimics oxytocin, it also competes with receptor sites in the brain, eliminating oxytocin’s euphoric effects.

“Immediately, technological intervention cuts off the whole hormone response which makes orgasmic birth possible,” says Monterey Bay midwife Joscelyn Grote.

But despite women’s physiological potential for ecstasy, orgasmic birth is not common, even in homebirths. Most midwives who have witnessed women achieving orgasm during labor, birth, or immediately after, say that it’s infrequent and almost always a surprise. Only the environment is similar; most orgasmic birthers labored at home or in a home-like birth center, with no medical intervention.

“It’s difficult to [abandon] the concept that childbirth does not have to be the most painful experience of a woman’s life,” says Dr. Heather Swallow, a Naturopathic doctor with Monterey Bay Wellness in Carmel. But if women can believe in birth without pain, then an orgasmic birth becomes possible, she says.

My sister begins having “surges” – the hypnobirthing term for contractions – from one night into the next day. When they become regular, she calls her midwife and goes to the childbirthing center.

My sister had quickly rejected the idea of homebirth – she worried about the things she couldn’t control. Yet she wanted a natural birth with a midwife, and she knew a traditional hospital would discourage it. Her New England town had birthing centers with warm home-like settings, but they didn’t have medical equipment on hand for emergencies. She decided on a local hospital with a childbirth center dedicated to birthing, where equipment is hidden from view but present if needed. The center provided hypnobirthing classes, midwives, and allowed her to labor the way she wanted to.

The midwife joins my mother and my sister’s husband in the birthing room. It’s a simple square room with soft-colored walls, black-and-white baby pictures, and photos of flowers. There’s a large chair, a bed and a plastic aqua-blue birthing ball. A large poster depicting dozens of potential birthing positions is tacked on the bathroom door; none of the sketches show women on their back. Across the hall is a room with a huge hot water tub, stools

and chairs to use during labor.

My sister finds comfort sitting on the birthing ball as her support system goes into action. Her midwife acts as her advocate, enforcing my sister's request for minimal intervention when nurses poke their heads in the room. My mother stands behind her, running her fingernails softly up and down my sister's back to trigger her endorphins (according to hypnobirthing philosophy.) Her husband reads a guided meditation script: "The ocean waves gently rush onto shore, picking up grains of sand and rolling back into the water. Breathe in, breathe out, breathe your baby down..."

But this natural scenario, appealing to many mothers, doesn't always happen, despite the best preparations. When Jenna Bear of Santa Cruz became pregnant at 23, she wanted a midwife and a home water birth. She was dead-set against medical intervention, but when her water broke two months early in the middle of the night, she had no choice but to rush to the hospital. She found herself in the arms of strangers, and her midwife had no authority. As she entered active labor, the nurses pushed unfamiliar drugs into her. They hooked her up to machines that limited her movements, and they forced her to labor on her back. When she finally delivered her baby, the doctors whisked him away for monitoring. She didn't see him until the next day.

"I felt so disempowered by the whole thing," Bear says with tears in her eyes, even after 13 years.

"I've been hearing these stories for 35 years," says Monterey Bay homebirth midwife Karen Ehrlich. "If you go into birth with expectations, they are bound to get busted." She encourages planning and education, but says birth is too unpredictable for women to hope for a particular outcome. "From my experience, the only guarantee is that the baby will come out."

"A birth experience is like parenting, and life in general," said Patricia Wolfe, a homeopathic birth doctor in Carmel Valley. "You can do everything in your power to plan for it, but you just can't control the outcome of your birth."

Ehrlich believes films like *Orgasmic Birth* do a major disservice to women by suggesting that anything will make birth pain-free, pleasurable – or orgasmic. "It simply isn't that way for most women," she says.

Women with high expectations for one style of birth are more prone to suffering postpartum depression or post-traumatic stress disorder, says Barbara Watrous, who runs the Full Circle Midwifery Care at Saint Joseph Hospital childbirth center in Nashua, N.H. "The women who go into birth wanting total control end up completely devastated when it doesn't meet their expectations," she says. These women approach their second birth with even more fear, she notes.

Watrous worked with hospice patients in the past who couldn't remember what they had for breakfast the previous morning, but all remembered their birth stories. "It's something we never forget," she says. "Women are going to take this with them through life."

Films like *Orgasmic Birth* and *The Business of Being Born* (Rikki Lake's 2007 documentary attack on the birthing industry) encourage homebirth, but worry researchers at many childbirth organizations. The American College of Obstetricians and Gynecologists (ACOG) and the American Medical Association (AMA) reacted to Lake's film by reiterating their long-standing objection to homebirths. The AMA is threatening to develop legislation against homebirth.

These measures may seem extreme, but Erin Tracy, an OB/GYN from Massachusetts General Hospital, supports ACOG's stance. "There is a certain percentage of women who have complications, and time is of the essence," she says. One of the main risks in homebirth is potential brain damage or death from lack of oxygen. In hospitals, montereycountyweekly.com/.../@pr...

she says. One of the main risks in homebirth is potential brain damage or death from lack of oxygen. In hospitals, doctors monitor the baby's heart rate and intervene if necessary to remove the baby swiftly enough to prevent injury.

Tracy doesn't trust the studies that support homebirth, fearing they are too biased and scattered to be conclusive: "The stakes are so high. It's not something that I would gamble my family's future on."

Yet proponents claim homebirth provides a statistically safer option for both mother and child than accepted hospital delivery methods. A recent study published in the *British Medical Journal* indicates homebirth is at least as safe as hospital birth, and has far fewer medical interventions. Thirty percent of women who birth in hospitals end up having C-sections, a major abdominal surgery with potentially debilitating risks for mom and baby, including infection or death.

The safety of all births depends on the experience of the midwife or doctor, says Naomi Stotland, an OB/GYN at UC San Francisco. Stotland supports homebirths, but concedes that because they occur on the margins of society in many communities, women may struggle to find a quality provider. Some midwives do great work at home, while others do things that aren't safe, she says. Of course, the same could be said about physicians in hospitals, she adds.

Danielle Rodhouse, a Monterey hypnobirth instructor and doula (a professionally trained woman who provides support and assistance during childbirth), believes that when birthing women are educated and aware of their options, they can make informed decisions about their birth experiences: "For change to happen in hospitals, pregnant moms need to speak up about what they want out of their birth experience." She encourages women to advocate for themselves and their babies so that care providers will offer more gentle birthing options.

Midwives across the country are increasingly excited about the topic of orgasmic birth, but less than a year after the film's debut, most institutional OB/GYNs have never heard of it or consider the idea ridiculous. ACOG refused to make an official statement about orgasmic birth, the film, or the *20/20* segment. That's due to the lack of scientific evidence, Tracy says. "ACOG bases [its] decisions on evidence, and there are zero journal articles on orgasmic birth," she says. None of her colleagues at Massachusetts General Hospital had heard of it, though she had seen the *20/20* segment.

UCSF medical school refused a request for comment on this story. According to the university's press office, the topic was so far off base that no OB/GYN would make a statement. Yet in the next building over, just two days after that refusal, the UCSF nursing school featured the *Orgasmic Birth* film during the symposium I attended. More than 50 students, nurses, midwives and researchers watched with lively interest. No obstetricians attended.

Midwives and doctors operate under different paradigms, says Stotland, pointing out that while midwives see birth as a physiological event, physicians are trained to manage and view birth as a medical event.

My sister tries to rest as she soaks in the warm water tub. It's been 26 hours. My mother continues reading the guided meditation script, while my sister's husband puts ice on her forehead. The pain is intense, and my sister worries how much more she can endure. The midwife whispers that there are options for helping the process along, but my sister shakes her head. She wants to proceed as planned.

She climbs out of the tub and walks to her husband. She leans her tired body onto him, just as the surges gain a new staggering intensity. She cries out and drops her entire weight onto him as my mother tosses the hypnobirthing script. At long last, the baby begins her descent.

They take my sister back across the hall into her birthing room and help her into a more comfortable position. She shouts, moans and hollers with each contraction as her midwife helps her squat. Finally, after 27 hours of labor, she pushes with every ounce of remaining strength, and the baby comes. The severe strain on her face melts to bliss as the midwife puts the baby in her arms. She can only muster coos and soft cries as she rests, cradling her first child.

Later, my sister doesn't describe her birth as orgasmic, or even remotely pleasurable. She laughs about the hypnobirthing language of "pressure," not pain; her pain was greater than she had ever imagined. But her birth experience was positive and empowering. She had planned for a safe and nurturing environment, and she endured a long labor with no complications. Nor did she have any guarantees, save one: Her daughter was going to come.

CASSANDRA BROOKS is a graduate student in the science communication program at UC Santa Cruz.

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