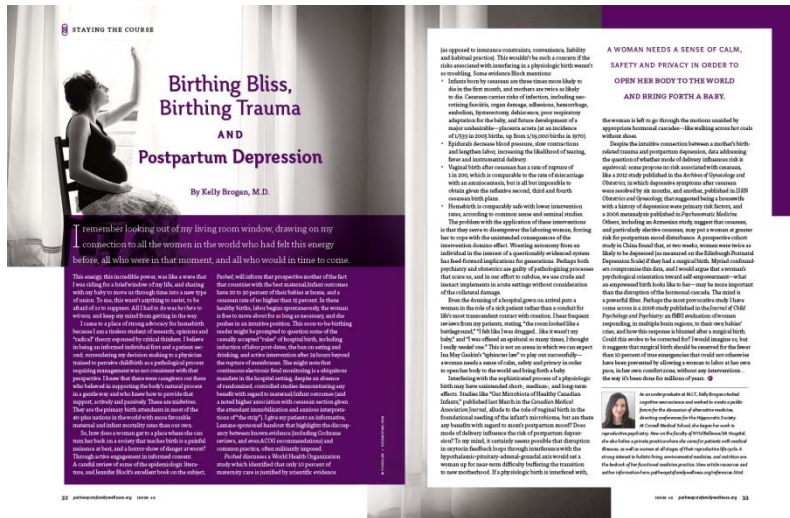


Birthing Bliss, Birthing Trauma and Postpartum Depression

By Kelly Brogan, M.D.
Pathways #40, page 32



Talking Points

- ❖ Kelly Brogan starts this article with some of her own personal experiences in birth – focusing not on resistance, fear or suppression, but on being a witness to the experience of her body and her baby. She explains that she became a homebirth advocate through research and a personal requirement to be an informed individual before being a “patient.” “Surrendering my decision-making to a physician requiring management was not consistent with that perspective.” (32)
- ❖ Brogan asks an important question, but one that has an easy answer – “So, how does a woman get to a place where she can turn her back on a society that teaches birth is a painful nuisance at best, and a horror-show of danger at worst? Through active engagement in informed consent.” (32)
- ❖ The countries with the best maternal outcomes, according to Jennifer Block’s *Pushed*, have similar statistics of 20-30% homebirths and a c-section rate less than 15%. In healthy births, “labor begins spontaneously, for as long as necessary, and she pushes in an intuitive position.” (32)
- ❖ Brogan, like other authors in this issue of Pathways, discusses the statistical and scientific evidence ignored by hospitals because their current mandates of care (no eating during labor, constant electronic fetal monitoring, etc) are governed more by insurance constraints, convenience, liability and habit.
- ❖ The risks of these interventions are numerous (from Jennifer Block’s research in *Pushed*):
 - Increase in maternal and infant deaths after cesarean section.
 - Risk of infection and complications from surgery (listed on pg 33)
 - Epidurals slow labor and lengthen labor, increasing chances of tearing, fevers and instrumental delivery.
- ❖ But beyond the increased medical risks of these interventions, Brogan argues that they serve to disempower laboring women, “forcing her to cope with the unintended consequences of the intervention domino effect.” (33)

- ❖ Brogan considers the short, medium and long-term effects of interfering with the “sophisticated process of a physiologic birth.” (33) C-sections can lead to a lack of “foundational seeding in the infant’s microbiome” (see Dr. Steve Marini’s article in this issue) and an increased risk of postpartum depression. As Brogan see is it, interventions in the mother’s natural hormones can cause interferences and difficulty transitioning into motherhood – “like walking across hot coals without shoes.” (33)
- ❖ But even more important than the hormonal imbalances and interferences that can cause postpartum depression, Brogan argues “that a woman’s psychological orientation toward self-empowerment – what an empowered birth looks like to her—may be more important than the disruption of the hormonal cascade.” (33)

Resources

Full references for each article are available at <http://pathwaystofamilywellness.org/references.html>

After Birth Project, a documentary to dramatically improve what currently exists in our culture for meeting the needs of postpartum mothers, their infants and partners – <http://www.afterbirthproject.com/> Watch the film preview at [After Birth Project Preview](#).

Understanding Ina May Gaskin’s “sphincter law” - <http://www.mothering.com/community/a/easing-tension-and-fear-in-natural-childbirth-by-understanding-sphincter-law-a-conversation-with-ina-may-gaskin>