

SUMMER 2010

# SQUAT

AN ANARCHIST BIRTH JOURNAL



# Hello World

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## EDITORS

Jaydee Sperry



Jaydee Sperry has been working in the realms of birth for the past 12 years. She has three young boys, one of which was an unassisted birth. She lives in Washington State, working as a childbirth educator, yoga instructor, and independent midwife. Jaydee focuses on the aspects of returning birth to the family, quantum midwifery, and the radical exploration into the future of childbirth and raising children.

Meghan Guthrie



Meghan is a student midwife who lives in Olympia, WA. She has been called the “wild child of midwifery” and she hopes to live up to that title. She loves hanging out and blowing bubbles on her front porch with her rad cat, Sweep G.

Danny Scar



Danny is an aspiring midwife, keeping their hopes up that they'll meet a wonderful traditional midwife who's lookin' for an apprentice one day soon. In the meantime, they're traveling too much, enjoying being unemployed in summertime, and pursuing all things fun that have to do with bikes, little kids, yummy food, good books, and being outrageously queer.

Jeramie Peacock



Jeramie Peacock lives with her partner Caleb, 4 year old son Seamus, and babe in the womb in the PNW. She loves being with womyn and babies throughout the childbearing year and the primal period. She digs gardening, fermenting, drawing, and dancing.

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# Letters from the Editors

The current media and mainstream midwifery/doula/parenting movement surrounding birth lacks a political analysis that examines race, class, gender, sexuality, ability, or age. And while the power of birth most undoubtedly belongs to the mother, we must examine the ways that power manifests in our birth culture as a whole. We rebellious ones most often find ourselves isolated and overwhelmed, so I hope this project provides reassurance to those without allies nearby, and helps connect us all to more effectively organize ourselves.

An anarchist analysis of our birth culture is needed in so many ways. I hope you will continue articulating your struggles, insights, and hopes. In the meantime, I hope radical doulas, midwives, and parents build a stronger presence within birth activist movements. We know you're out there - - the younger generation of midwives questioning the licensure movement, the doulas questioning certification - - but we need to know we have each others' backs.

I would love for SQUAT to hold space for the voices of outlaw midwives, radical parents, abortion doulas, gender non-conforming birth workers, and other folks with the myriad of identities and experiences that are usually marginalized. Thank you to everyone who submitted work for this issue (we received too many to include!), and I hope you will continue to share your wonderful selves with us in future issues. - [Danny Scar](#)

For the past decade of my life, I have been traversing what some may call the radical roads of childbirth. This has led me to the outer edges of Quantum Midwifery and the interior world of the soul. From a conversation, like many that have emerged from the way-finders of radical birth, SQUAT was born. The intention being to offer a sounding board for those who want to speak their truth around childbirth today. A place that was uncensored and free, without limitations or ideologies, available to all no matter what your affiliations or alliances. Thus, my greatest desire is when the words of SQUAT are read, an open heart and mind will be held. The works that are revealed through the following pages are that which are true to someone, important to them, and thus important to the entire community of humanity. If we are ever to live within the context of one another, we must release that which judges one another. So, in this I have a request. Be with any feelings that arise when reading this journal. Hold the experience in your highest, and listen. Conflict is Opportunity, and we have the potential to move through opportunity without pain. Pain of physicality, pain of emotion, pain of head or pain of heart—here, sitting on the brink of an evolutionary leap. Expel your intensity with grace, and then sit quietly for the next step, the message, and I promise it will come. Birth offers us a glimpse into something greater, a moment when we can receive. And thus, SQUAT offers you a picture of the mystery. Please read with love, and respond with love. Please read with rage, and respond with equal moment—with vibrant neutrality. I was once asked to understand everything on the planet; only from here can we truly meet one another, hear one another, and see change in one another. SQUAT, like birth, can change you if you let it, if you choose it. So, go on now, READ! - [Jaydee Sperry](#)

I see SQUAT as a voice for midwives forging a new, yet ancient, path towards truly holistic care for mamas and babies. I believe SQUAT is brought to you from the brink of a new frontier. I will strive for the magazine to be wholly independent and open minded, not shying away from topics often left on the fringes, or outside of the midwifery movement. SQUAT can be a vehicle that challenges each of us as midwives and supporters of intuitive, instinctive and undisturbed birth to question and confront our biases, and our flaws, and the injustices within the current system as we know it. Through this process we can expand and evolve our consciousness for the betterment of mamas, babies, and families on the planet. It can also be a venue for expressing the beauty and power of birth, unabashedly. I have been waiting for a place to direct my energies and am honored to be involved in this project. - [Jeramie Peacock](#)

A few years ago when I had a dream telling me to begin studying midwifery, I felt a little crazy. Now upon finishing the first issue of SQUAT, I also feel a bit crazy. It was just around a month and a half ago that my colleagues and I decided to create a publication about birth and since then SQUAT has barreled into existence with the incredible speed of a juggernaut of the new midwifery era. I believe this is because when the world needs something, it is created. The creation of it may be mysterious, like my calling to midwifery, or it may be born out of a few friends goofing around without yet realizing what they are making. SQUAT is a little bit of both. It has a mysterious force behind it that has pushed us through the impossible and has given us strength and energy when we were running on empty. I appreciate the opportunity to improve my skills as a graphic designer and layout editor and I am thankful that I am able to share this magazine with the world. I hope you find passion in our efforts and share with us the desire to join a growing movement. - [Meghan Guthrie](#)



# For the Love of Birth

By Jennifer Summerfeldt



Photo submitted by Melanie Elizabeth Moore

Recently I had a life changing experience that has left my heart open wide in awe and love for life! In this state, I have been able to sit still and contemplate our current state of birth and midwifery.

The following statement arose in me – “That today’s birthing environment is devoid of love” and that “the only ‘skill’ a midwife truly needs is her capacity to LOVE”. Sounds lovely, and I am sure most die-hard birth advocates would agree with this statement. Right? Of course birth is about love, and loving the mother, loving the baby, and loving birth! Of course, those of us who are adamant that birth be “natural” or “undisturbed” or at home and away from the dominating force of the hospital would agree that their motivation came from a deep love for humanity? Right? Or rather, that most of the midwives who began their journey into midwifery choose it because of “love” and wanting to be in loving service at births.

So, one would wonder, why am I writing about something that we would all agree is already the motivating factor for so many?

The answer is because I don’t believe it to be true! I think it is all talk but not truth. I have been deeply invested, passionate about the politics of birth and midwifery, and some have even called me a natural birth whore & junkie, for the past decade... and what I am noticing is that most of the births that I have attended (those that have not been free births) lacked the essence, the energy, the presence of deep love. So how could I know that, you might ask? What would depict a loving birth versus an unloving birth environment? And why does it matter?

Well, the other day I was speaking with a pregnant friend of mine who shared with me the sadness that she and her partner were experiencing regarding

their up and coming birth. She told me that they did not want their midwife present because bottom line, “She does not love us,” and “She is not nurturing - actually, it feels like she is annoyed with us”. This situation lacks trust between caregiver and family. **Without trust and connection, you cannot have love!**

And, why as women (and families), are we choosing to bypass the need for the presence of love at our births in replacement for security and “no other options”? This baffles me. Why is it that we have not evolved to the point where we declare “enough!”... We, today’s women, no longer want to give birth in fear or helplessness, nor in the presence of caregivers that do not know us,



trust us, or care enough to love "our journey" because we are bringing forth life! I believe, that although the unassisted birthing movement focuses mostly on this choice as a women's rights issue and empowering choice, that in actuality it is stemming from a deep-seated place within that is craving for love to be present at these births!

In a book that I recently read called, "*All About Love*" – by Bell Hooks, she speaks so powerfully about living from a place of "love ethic". She states: "To live our lives based on the principles of a love ethic (showing care, respect, knowledge, integrity, and the will to cooperate), we have to be courageous." I question how many caregivers are actually taught this tenant, and what would happen to the foundation of "technocracy" if it shifted its focus of attention towards a love ethic rather than a love for "machine" ethic?

I found the following quote to be so fitting: "I am always amazed by how much courageous trust we offer strangers. We get sick and enter hospitals **where we put our trust in a collective body of people we don't know**, but who we hope will make us well. Yet we often fear placing our emotional trust in caring individuals who may have been faithful friends all our lives. This is simply misguided thinking. And it must be overcome if we are to be transformed by love" (bell hooks). I couldn't help but think of our current birthing trends, how we as women (and families), place our total trust (without question for some) in the hands of Doctors and Midwives, who for the most part are NOT invested in our hearts, nor are they TRUSTING in our ability to give birth! This is huge! What are we doing? I think we are an insane creature...if someone or something was watching us from outside our atmosphere, I think that they would think that we make some really strange choices! And for the most part they are all motivated by fear, not love.

Why would we, as pregnant women, choose to hand our power over to another person who is not invested in our heart nor truly trusting our ability to give birth in its fullest expression? I don't care where we choose to give birth (this is not about one ideology being better than the other), what I care about is that we, as birthing women, caregivers, and fathers, start making choices that are **governed from a presence of heart rather than fear!**

Furthermore, I believe it is imperative that today's caregivers (ObGyn, midwife, doula etc.) recognize that every time a choice is made from "protocol and fear" over "heart and trust," that they are disempowering another woman's birth experience; they are misusing their power and allowing fear to dictate and motivate. Of course one will see birth complications when coming

from this place. Of course one will inhibit the mother's ability to birth instinctively.

This needs to be a collaborative effort, shifting the deep-seated fear that is permeating our culture of birth. As birthing women and fathers/partners supporting this, you, too, need to find that inner wisdom, that inner knowing and that inner love for thyself and your baby that declares "NO MORE! I will not birth my child from this place of fear. I will only allow those who are invested in my heart and trustworthy into my birthing environment!"

So, what I am proposing is that the art of loving has been lost with the rise of "technocracy". In today's midwifery education, we are mostly taught about birth physiology, how to handle complications, how to follow guidelines and protocols, and how to fear something going wrong (because sometimes things go "wrong") rather than how to follow the labor, how to create soul relations with the families, how to meet their needs, how to come from a place of heart and trust, how to be of humble service and how to use discernment as a "protocol".

The midwifery "skill" to trust and follow a love ethic, in my opinion, needs to be first and foremost... and when fear dominates, council should be held! What are we doing? We are shunning those "hippie" "new age" midwives or care givers who give too much from the heart, trust TOO MUCH, and are naive to the fact that birth can be "dangerous" at times - all in the guise of fear, of making a bad reputation for those who have studied from the place of the intellect and are wanting to be deemed as professional, valuable and as "safe" as Obgyn's. I am concerned that we are replacing "professionalism" with "lack of heart"!

All I know is that when I am at a birth or apprenticing in an environment in which the "heart" is lost and the "mind" is all that there is, I feel a deep sense of sadness an emptiness. Not even anger, just sadness that we have allowed this "trend" to go on for so long. That we, as humans, have allowed ourselves to live from a place that is devoid of love and full of pain.

I wouldn't even know how to begin to "teach" the "art of loving" to birthing caregivers, because in the beginning one would need to completely deconstruct their ideologies and beliefs that have bound them for so long. Then, we would rebuild a new way, perhaps that was founded upon a love ethic. And from that place, I am curious what would happen to the state of our planet?

This is not only a birthing issue, this is a global issue. Nothing is separate here.

Because when we are witnessed in the energy of Love, when we are held and trusted in our total greatness, we, as women, can give birth in love, and that ripples into our family, our community, our country, our planet, and our cosmos. I also believe that the men who witness the miracle of birth from a place of trust and love also become transformed and they, too, become the healers of the planet.

And so it is, I offer this in prayer for the state of our planet and that we may find our way towards living from this place of Love.



Jennifer, a mother of three, has been immersed in the studies of holistic health, pregnancy, birth, & midwifery, for the past decade. She has a strong motivation

to understand the mystical and spiritual nature of birth & Life. She is a certified Doula with a diploma in Holistic Nutrition and a degree in Physical Activity & Sport Studies. She has interned in birth centres in Mexico & Texas. She has been involved in a five year Traditional Midwifery mentorship with Whapio Diane Bartlett and is blessed to have learned from Gloria Lemay, Jeannine Parvati Baker, and Dr. Michel Odent. She is fascinated by Group Dynamics and Human Relations, and therefore, she is currently undergoing an expanded path to deepen her studies in the arenas of Circle Work and the Way of the Council...



# POSTPARTUM HERBAL BATH

By Jess Krueger

Tailoring a postpartum bath for a new mother is a wonderful gift. There are dozens of herbs that may help ease pain, bruising, & hemorrhoids, create tissue healing and relieving stress. If possible, it is beneficial to consider the mama's particular needs based on the birth experience, level of discomfort and presenting symptoms to make a truly personal blend. In other words, herbs have personalities that may be better suited to a particular need. Of course, what you have in supply and what grows near you are also important.

Unless there is a uterine infection, an herbal bath can be taken as soon as an hour after birth. Mothers can take 1-2 baths a day as well as add the herbal liquid to a peri rinse bottle or make a compress. Even with stitches it is okay to take an herbal bath. Just make sure all herbal material is thoroughly strained before the liquid is added to the bath. A mama with stitches should also do a warm water rinse of her vulva before stepping out of the tub. I've been told in my classes with herbalist/midwife Aviva Romm that full tub baths are totally fine postpartum and are nice because you can bring baby in too - no need to be freezing sitting in a sitz bath if you don't want to. Of course, follow what mama feels most comfortable doing based on the level of soreness and intuition. I personally enjoyed both a sitz and a full tub bath.

**Directions:** Bring 4 quarts of water to a boil. Mix 1 oz of herbs and add to just boiling water. Turn off heat, cover and steep for about 1-2 hours (or less if mama wants it sooner). Strain out herbs through cheese cloth or fine mesh strainer. Compost the herb material. Add 2 quarts of herbal liquid to the tub along with ½ cup sea salt. Reserve the remaining liquid in the fridge for another bath or use in a peri rinse bottle.

## Herb Profiles



**Calendula (*Calendula officinalis*):** This is an easy herb to grow and dry for a year's worth of herbal baths. Besides being uplifting to look at it, it has wound healing and antiseptic properties perfect for sore bottoms. Calendula helps to minimize redness and inflammation and deter possible infection. It also is great for bruising and abrasions.



**Rosemary (*Rosmarinus off.*):** Rosemary is another common herb many people grow for cooking and medicine. Rosemary is known to increase circulation and blood flow which will bring new cells to rebuild tissue. This warming action may reduce pain and bruising. Herbalist Juliette de Bairacli Levy thought of Rosemary as one of her primary wound healing herbs because of its antiseptic and vulnerary actions. Rosemary also lifts the spirits and is considered an herb of protection.



**Yarrow (*Acillea millifolium*):** It is a classic wound and trauma herb, reducing swelling, bruising and increasing healing of lacerations. Yarrow possesses wonderful pain relieving and disinfection qualities. It is also astringent to tone tissue and check bleeding. Yarrow is often used for people with hemorrhoids and varicose veins (topically only in pregnancy) because of its ability to break up stagnant blood.



**Marshmallow (*Althea spp.*):** I often use the dried root in after birth baths but certainly the leaves could also be used. This is a very soothing, demulcent herb. Adding this to a bath cools tears, skid marks and painful bottoms. It is perfect for inflammation and redness of the skin.



**Plantain (*Plantago spp.*):** Such a lovely little weedy plant found in abundance throughout ground that has been disturbed. Plantain is known to be able to draw out infection while also soothing skin with its emollient qualities. It also contains allantoin which helps with cell proliferation (like comfrey). It reduces inflammation, particularly if there is itching or burning pain.

Jess is a community herbalist and doula living in a small town in Wisconsin with her partner, 4 year old and baby in womb. Some day she would like to continue her midwifery studies.



# The Unassisted Birth of



By Katrina Kirkwood

## The Birth

My birth story starts off with my pregnancy, as it had a huge impact on my journey. When I became pregnant for the third time, I spontaneously began having visions and revelations about having a completely undisturbed, unassisted birth. I had never entertained the idea before this, making those visions all the more compelling. I had a traumatic birth experience resulting in a hospital transfer from home with my daughter. I had also just lost a baby upon entering my 2nd Trimester. I was wounded. But inside of myself, I knew I still had this raw, undeniable power that was desperate to make itself known.

Faith plays a huge role in my life, and because of that faith, I was completely confident in my body's ability to birth my child. I was assured, that no matter the outcome, everything would happen as it was meant to be. There was a divine plan for my baby and I was surrendering to that. I trusted birth. I trusted myself. I trusted woman. I trusted life. As I would walk down the street, I felt as though I was this other kind of human, this miraculous, omnipotent woman. It was as if every person who came in my presence could not deny how special I was. It was glaringly obvious. I was no longer just a human. I was 2 humans. I was carrying life. I was fucking amazing.

I woke up on Wednesday June 11th, 2008, 40 weeks + 4 days, tired and worn out. No sooner was my husband out the door then the contractions started. Four minutes apart and between 15-30 seconds long. I kept thinking there was NO way this was real labor because I had assumed that they'd start off maybe 15 minutes apart, and be at least 30 seconds long. As time passed that day I began to accept that I was most definitely in labor.

## The Labor

I couldn't find a position that was working for me. I finally tried holding onto my doula and hanging off of her while squatting on my feet and that was what felt best. I also had to concentrate on keeping my voice LOW and working WITH the contraction, rather than against it. When those contractions would come, I sort of had this option, this middle ground, where I was able to choose to scream and fight them or drop down and work with them. Working with them was hard, and it took a lot of determination, but it was clearly more effective. I was leaking quite a bit, so I chose to feel myself to see what was going on. I could feel my water sack bulging about an inch, inch and a half inside of me. I was relieved, knowing things were moving along as they should. I knew my body was working.



I'm really struggling. I'm not doubting my ability, but I'm frustrated. I'm distraught. I'm mad. Thankfully my doula and I had developed a deep connection throughout my pregnancy and she knew what I was dealing with, without me saying a word. She says something to me along the lines of "I think you're ready to forgive her, Kat". She was right. It was time to forgive. It was time to validate my feelings of trauma, hurt, and anger towards my previous birth and the midwife who attended. It was time to voice that I was ready to forgive her and close that door. I began to voice those words "I forgive you" over and over. I don't know if I was saying them out loud or inside, but I was saying them and feeling it. I was crying, yelling, and full of joy all at the same time.

"You are SO close honey, you really are. You are doing great." It's exactly what I needed. I needed some reassurance and I think I also subconsciously needed to know I was still being witnessed. She suggests maybe trying to squat and hold onto my futon chair. So I try that. And everything changes...

I immediately get into that space that I needed to be in. I was focused, I was determined and I was in a position where I could feel my pelvis opening; it was the perfect place to drop down into an altered state. I don't remember talking to anyone but myself. I knew things were getting close. I reached inside of me to see where my waters were, surprised they hadn't broken yet considering how they were only an inch or so from bulging outside of me, hours before. I was frustrated when I realized they felt like they were at nearly the same spot. I knew that the water bag was holding me back and I felt my intuition tell me what I needed to do. I reached inside and pinched my bag with my fingers and popped it. The release felt amazing. The water was clear so I knew things were good. I could feel the baby's head moving down the canal. I was excited, so I shout to inform the rest of the family. However, I never once turned around to see if they were even in the room- I was in my zone. A few rushes later, I had this urge to push through the sensation. Right before that one, I had felt to see if I could feel baby's head and it was just barely out of my reach. I figured I still had some work to do before he was crowning, yet my body was telling me to push. With the next one, I bore down and silently pushed. I felt his entire body moving down and then suddenly, I felt myself completely opening- I never physically felt myself, but I could tell his head was going to come out of me, all from 1 push. The rush stopped and I paused for a second thinking about the choice I had in front of me. Commit or not. I chose to commit and pushed right through those sensations. All in one push and a matter of seconds, I feel him crown, his head emerge, and finally his body coming out. I come up on 1 knee and I catch my baby and lay him down on his stomach on the floor. He came out very quiet. Making some soft noises, clearly breathing, tone looks great, color looks great... he's perfectly okay. He's so peaceful and calm...



*"She suggests maybe trying to squat and hold onto my futon chair. So I try that. And everything changes..."*

During this moment, things were surreal. I stare at my baby and think about what just happened. I can't hear what's going on around me. In my world, all was silent. I begin to float back into conscious reality, and I rub my baby's back lightly. I didn't talk, I didn't hold my baby, I just squatted there looking at him and rubbing his back. I finally hear my husband excitedly trying to tell me that it's a boy. It doesn't really register or affect me in any way. I have the urge to pick him up. I realize his cord is quite short. I can't get him to my chest. My doula sets up pillows behind me so I can lie back. My body starts shaking uncontrollably.

They move from my body up to my mouth and I can't control them. I know it must be my hormones reacting to the entire birth. I'm still getting intense rushes, so I push with each one, hoping to get the placenta delivered. I'm able to get a bit more slack in the cord so I can pull him up to my chest, but no placenta. Somewhere around this time, my daughter shouts out, "Mama made a baby!" and we all got a good laugh out of that. A few minutes goes by and my husband says, "It's a boy" again. I look at him and say, "Are you sure? Because I haven't even looked at it yet."

Over the course of the next 15 hours, I was able to shower, nurse, and fall deeper in love with my new son. We had a difficult time that night with the lotus birth, again because of the cord being so short. By morning time, we decided to cut it. It was a choice we made and I own that. However, in the future I feel I would handle things differently.

My birth was completely undisturbed. It was also very healing for me. I feel so blessed that our daughter was there to witness the entire event. Not only was she there, but she took part in it all. She got in the pool with me, she got on all 4's and grunted through contractions with me, she rubbed my back, she reassured me, and she was able to witness one of life's greatest miracles-BIRTH. I'm so grateful for my family and their presence. I cherish my wonderful friend and doula for taking this journey with me.



# The Right to Be Fertile

By Rae Liberto





**In my life as a woman, a doula, and a midwife's apprentice,** I have unexpectedly found myself in a struggle to defend fertility. As a woman I am criticized as being irresponsible and naïve for not using invasive or hormonal forms of birth control. As a doula I advocate for young women who choose not to terminate their pregnancies but to give birth and mother their children. As a midwife's apprentice in rural Guatemala I listened to the stories of women who were sterilized without their consent or whose reproductive organs were removed on false grounds. I have come to see fertility as a human right. It is a right that is denied to certain populations of women and there are not enough of us questioning and resisting this particular form of oppression and violence against women.

As a doula, I work for an organization in Seattle which provides free birth doula services to pregnant mothers who would otherwise be birthing alone or with little support. I primarily work with young Latina mothers who are giving birth in major metropolitan hospitals. These women have all received some form of discrimination from either nursing staff or their care provider for having chosen to mother their child. I remember my first prenatal visit with a woman who was 17 and from Mexico. She told me she was seeing a Nurse-Midwife at a nearby hospital. I asked her if her midwife had helped her create a birth plan and she said to me assuredly, "Yeah, she told me all about the IUD and the pill."

I just recently completed a six week midwifery apprenticeship with a traditional midwife in Guatemala. During my time living and working with the midwife in her rural, indigenous, agricultural community, I was appalled at the amount of women who were without their reproductive organs. Many women openly shared with me that they had their uterus removed or had total hysterectomies because the doctor told them they were at risk of uterine cancer from having too many children. Other women had stories of going to the hospital for labor complications, receiving a cesarean section, and finding out later that the doctor also gave them a tubal ligation. In some of these cases of sterilization, the consent was given from the husband, but others were done without any consent.

Last winter I was granted medical insurance for the first time in a few years. I decided to go get my lady parts looked at by a Nurse-Midwife for my bi-annual Pap test. By the time it was over, I had been asked a slew of lifestyle questions:

**"Do you take recreational drugs?"** Not exactly.

**"Do you smoke?"** Occasionally.

**"Do you drink?"** A little more occasionally.

**"Are you sexually active with persons of the opposite sex?"** Yes.

**"What form of contraception do you use?"** Fertility Awareness Method and condoms.

She arched her eyebrows and looked at me from above the rim of her glasses.

**"Have you heard of Plan B, the morning after pill?"** Yes, I've heard of it but I have never used it nor do I plan to. I don't feel right about taking hormones.

**"Do you feel ready to be a mother?"** No.

**"Then hormonal birth control or abortion is your only option."**

The overwhelming message sent to women is that their bodies and cycles of fertility are not to be understood and trusted, but controlled by invasive, manipulative, and hormonal forms of contraception. If you are a poor woman, a young woman, and/or a woman of color, the message is that you are not capable of giving a child what they "need" and, therefore, you do not have the right to birth, mother, maintain your reproductive organs, or to be fertile. These women face discrimination for their choice to mother and are urged to terminate their pregnancies, put their child up for adoption, and, in some cases, have their organs altered or removed.

So what should we do, and how can we support each other? We can start by educating ourselves, our partners, and others in our community about fertility awareness and stewardship. We can gather together to recognize, name, and address the oppression of and violence against women and their fertility. We can create women's health collectives and fertility solidarity groups...the possibilities are endless.

#### **Resources for radical doulas and midwives:**

Openarmsps.org  
Birthattendants.org  
Blackmidwives.org  
Sistasontherise.org  
Prisonbirthproject.org  
Midwivesformidwives.org

#### **Resources for fertility stewardship:**

Sisterzeus.com  
Gardenoffertility.com  
Tcoyf.com  
Cyclendar.com  
Mum.org (museum of menstruation and devices used to catch menstrual flow)



# This Ain't No Certified Patented Method

## By Jeramie Peacock

### "This ain't no franchised method": Alternatives to Birthing Education within the Midwifery Model of Care

I encourage a multi-dimensional, integrated approach for mothers preparing to give themselves to birth naturally in the comfort of their homes. The emotional, physical, and spiritual aspects of the womyn's life are each of equal importance in the process. The mother's partner, if she has one, should also be integrated, but because of the brevity of this article I will not be addressing that aspect here. My experience is with normal pregnancy and birth. The majority of womyn in my classes are planning to birth at home.

It is essential to acknowledge that although the mother may be guided along the way, ultimately she is the only person capable of "delivering" her baby and herself into this next phase of her life.

I encourage mothers to do the following:

- 1.) Take back the power of her "womyn-hood" and become wholly responsible for the safe passage of herself and her baby.**
- 2.) Examine and process past experiences and preconceptions about pregnancy, birthing, or mothering that may hinder her ability to tap into her instinctual, inner strength while in the labyrinth of labor and the fragile postpartum period. Focus is also placed on accessing the intuitive nature of all womyn, with the understanding of the power of intuition as a tool to be used in labor.**
- 3.) Deepen her understanding or begin learning to value nutrition, movement, presence of mind, and general well being as vital components in a healthy pregnancy and natural birth.**
- 4.) Clarify what she wants from her birth experience on every level from the spiritual to the practical. She can then acknowledge that although she may have intentions for a certain labor and birth that her birth will be as unique as her beautiful self.**

Becoming informed entails learning about a range of information, from physiologic childbirth to the focus on birth as a normal bodily function; the natural cocktail of hormones available to a mother birthing naturally, to the sensorial experience of the fetus while in the womb and birth canal. Addressing preconceptions and past experiences involves learning more about our own births and processing what arises for each individual. Dispelling rumors or subconscious beliefs also comes into play at this point. If a mother is intending to have a natural birth, but all of her friends have had epidurals, building confidence around her decision and the ability for her experience to be different is significant. Working with past negative sexual experiences before labor begins is also an important component in the mother's experience of labor. Because labor is a sexual act, womyn can be triggered by abuse from many years before, often-times by an event they feel they had already processed and healed. Bringing the mother and her partner in touch with their sexuality also opens up a new pathway for the possibility of an ecstatic birth experience.

Dr. Sarah Buckley states in her book *Gentle Birth, Gentle Mothering*: "Giving birth in ecstasy: This is our birthright and our body's intent. Mother Nature, in her wisdom, prescribes birthing hormones that take us outside (ec) our usual state (stasis), so that we can be transformed on every level as we enter motherhood. This exquisite hormonal orchestration unfolds optimally when birth is undisturbed, enhancing safety for both mother and baby. Science is also increasingly discovering what we realize as mothers - that our way of birth affects us life-long, both mother and baby, and that an ecstatic birth -- a birth that takes us beyond our self -- is the gift of a life-time." When we acknowledge the potential of the laboring mother to access an altered state of consciousness when birthing naturally and uninhibited, our approach to childbirth education must also acknowledge that truth and adjust accordingly. In my birthing "classes" I do not teach as much as I aid in unfolding. There is no attempt to convey any one way of breathing, panting, moaning, or focusing. I believe that a woman who is provided with a private, safe, and comfortable environment in labor will intuitively know the positions, movements, sounds, or breathing techniques perfectly suited to her. The task of the midwife based on these beliefs becomes holding the space in which the mother can let go of control and rational mind. By holding space unobtrusively, we allow the mother to go into the deep collective-conscious knowledge she already possesses.

A general understanding of physical well-being and good nutrition is an integral part of a healthy pregnancy. Preventing complications in pregnancy and labor is a cornerstone of midwifery care and is obtained through thorough prenatal care that is personalized, works with and respects the mother's point of origin. Eating simple, whole foods and listening to your body is a good place to start.

Attending a prenatal yoga or Pilates class, taking a walk or hike, and generally slowing down the pace of the day as pregnancy progresses, simply contributes to better pregnancy health. Taking time to be grounded and centered in your body is also another sometimes forgotten way of preparing for childbirth, and parenting, everyday. Reading books on mothering, parenting, and natural childbirth can be done for enjoyment, but should not feel like a chore. A midwife can help connect a newly pregnant woman with other moms in the community if doing so is proving challenging.

When mothers are contemplating their upcoming birth I recommend asking, "If all realities are suspended, imagine labor as perfect and divine. Within this framework, what do you see? Imagine yourself in a labor free from the expectations and desires of others, free of inhibitions, and soaked in intuitive female wisdom." This simple question can open the floodgates of previously undiscovered desires. As an informed empowered woman, a mother carefully chooses where she wants to labor and birth, who she wants present, and what items she may want for her own comfort, such as a



a birthing tub. After setting her intentions, the completion comes from letting all expectations go; burning them in a fire is a ritualistic way of achieving this goal. The fire solidifies their value while at the same time accepting that birth is unique, unpredictable, and ultimately its own primal force.

After labor comes the fragile time of stepping into a new role as parent-nurturer. This time is, unfortunately, often overlooked in our busy society, and I believe this is an American tragedy. It is important to inform new mamas of the potential intensity of this time, because in our modern culture we are often not taught the ways of mothering via members of our tribe - sisters, aunts, cousins. I approach this by simply opening up the conversation about the following realities of the postpartum "primal period." The phoenix (the new mama) emerges from the flames a new womyn- this is a time of discovery, release, transformation, and evolution. The pregnant mother figure is no longer the focus of attention and this can be a hard adjustment. The demands of the baby are overwhelming and sometimes more than expected. In the mother's relationship to her partner, everything is also in flux. Breastfeeding is initiated and a new bond is created between mother and baby, now on the outside of the womb. Hormonal changes are happening rapidly and often mothers find themselves feeling weepy or longing for times now passed. Placenta encapsulation can aid in the postpartum as being a rejuvenating buffer in a time of intense changes, again three-fold: physical, emotional, and spiritual. This is a time of sleep deprivation for the new parents, and becoming one with the infant's cycles can be a real blessing: sleeping when the baby sleeps, eating when the baby eats. Remembering to take time with yourself for baths and relaxation as well as time with your partner is essential in maintaining a clear present mind, open communication, and continued expansion into these new roles and new life. This time of monumental life transition is not an easy path to walk, but its challenges can be empowering, transformative, love-filled, positive, and life altering.

As wise woman Jeanine Parvati Baker so gracefully says to her sister midwives, "Realize that mothers who give free birth can connect with the Source of all creation and be the Goddess in action." May we bring our children into this world peacefully and gently.

For more information about my specific curriculum and approach to facilitation please contact me directly at [newbornrevolution@gmail.com](mailto:newbornrevolution@gmail.com)

Footnotes:

1 Sarah J Buckley, <http://www.sarahjbuckley.com/articles/ecstatic-birth.htm>, page 1.

2 Jeanine Parvati Baker, [http://www.susunweed.com/herbal\\_ezine/June05/childbearing.htm](http://www.susunweed.com/herbal_ezine/June05/childbearing.htm), page 1.

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# What Does Birth Trauma Look Like?

## An Introduction to EFT (Emotional Freedom Techniques)

By Sondra Rose

What comes to mind when you think of birth trauma? Perhaps you think of babies with cerebral palsy from oxygen deprivation. Maybe you think of a dislocated shoulder due to forcible removal in the case of shoulder dystocia. Or perhaps just forcep marks that take weeks to fade... These are the more visible, physical symptoms of birth trauma--and fortunately, they are relatively rare.

Far more prevalent is invisible birth trauma--emotional trauma that may not be apparent to anyone--not even the person who experienced it--until many years down the road. Given that approximately 90% of US births take place in a hospital setting and that around 33% or more of those are C-section births, I wouldn't be surprised to find out that most of us born in the last 40 years in the States have experienced some sort of prenatal/birth trauma.

If being gestated in a fear/stress-based pregnancy culture wasn't traumatic enough, then the bright lights, separation from our mothers, interventions and medications that are so common in a hospital protocols, would likely have some deleterious affect on most babies. How would we even think to call it trauma, when this birth environment is seen as "normal" in this culture?

Back in 2004, I had been introduced to the concept that the embryo and fetus "remembered" energetically and emotionally the experiences in the womb and that we carried this energetic and emotional imprint through our lives--and that any emotional trauma we had experienced could be healed. Films like Debbie Takikawa's *What Babies Want*, illustrate the needs that we all have for calmness, warmth, darkness, connection and our mother's arms at birth--if we don't get these needs met then we will likely experience trauma and create coping patterns to deal with the trauma.

This concept was a revelation to me at the time, having done several years of intense therapy and personal development work but still feeling stuck in patterns that I couldn't trace to any cognitive memory. Understanding that that these patterns could be cleared by using other modalities was a big relief to me! I was never drawn to rebirthing, "primal scream" therapy, Radiance Prenatal Process™ or Watsu, but EFT was my key to the door for healing my prenatal and birth stories.

Over the last six years in my coaching practice, I have deepened my understanding of the more invisible traumas that affect us prenatally and around our births. I have seen clients presenting with chronic anxiety, asthma, depression, and allergies who have cleared or dramatically reduced their symptoms when we worked on their prenatal and/or birth experience. I have also seen clients experiencing freedom to move forward career-wise, leave a bad relationship, clear phobias, and get clarity on their life's work after a birth-related session.

If you are feeling stuck in your life or have some life-long chronic body symptom--and you have tried everything to shift it, you might want to look back at your mom's pregnancy and your birth story. Was it the most peaceful and loving experience you could imagine? If not, clearing any known distress (yours or your mother's)--and healing any unknown distress along the way, may help free you in ways you can only imagine right now!

Often the presence of a listening, loving, compassionate practitioner or friend is all that's needed to create the safety for this early distress to be surfaced and released. Sometimes we need more than that--and EFT and Matrix Reimprinting are my tools of choice--the other modalities I mentioned are also helpful (though not nearly as fast, in my opinion).

I cleared my life-long asthma, a feeling of being held-back and a my life-long depression using these tools. I know the despair of feeling stuck with a sense that the world is not safe and the relief at finally being able to feel connected and whole. Birth trauma has affected my life and influenced my work in so many ways--it's a journey that I am embracing and appreciating for all the gifts it has brought me.

How has your prenatal and birth story affected your life?

**EFT (Emotional Freedom Techniques) is an easy-to-learn tool that can make the birth journey more relaxed and enjoyable for both the family and the care-giver. EFT is a type of acupressure tapping based on the ancient Chinese meridian system that helps free up the body's energy system to promote physical and emotional well-being.**

**EFT is wonderfully effective for clearing pregnancy and labor fears quickly, aiding relaxation during pregnancy & labor, pain relief, facilitating communication with the baby, and clearing unhelpful beliefs about birth. It is also extremely useful in clearing birth trauma for both mother and baby.**

**Sondra Rose is an EFT Practitioner and Life Coach specializing in Pregnancy and Birth preparation. She was a presenter at the 2010 Trust Birth Conference and teaches EFT to parents and birth professionals internationally.**

**More info at: [www.sondrarose.com](http://www.sondrarose.com)**

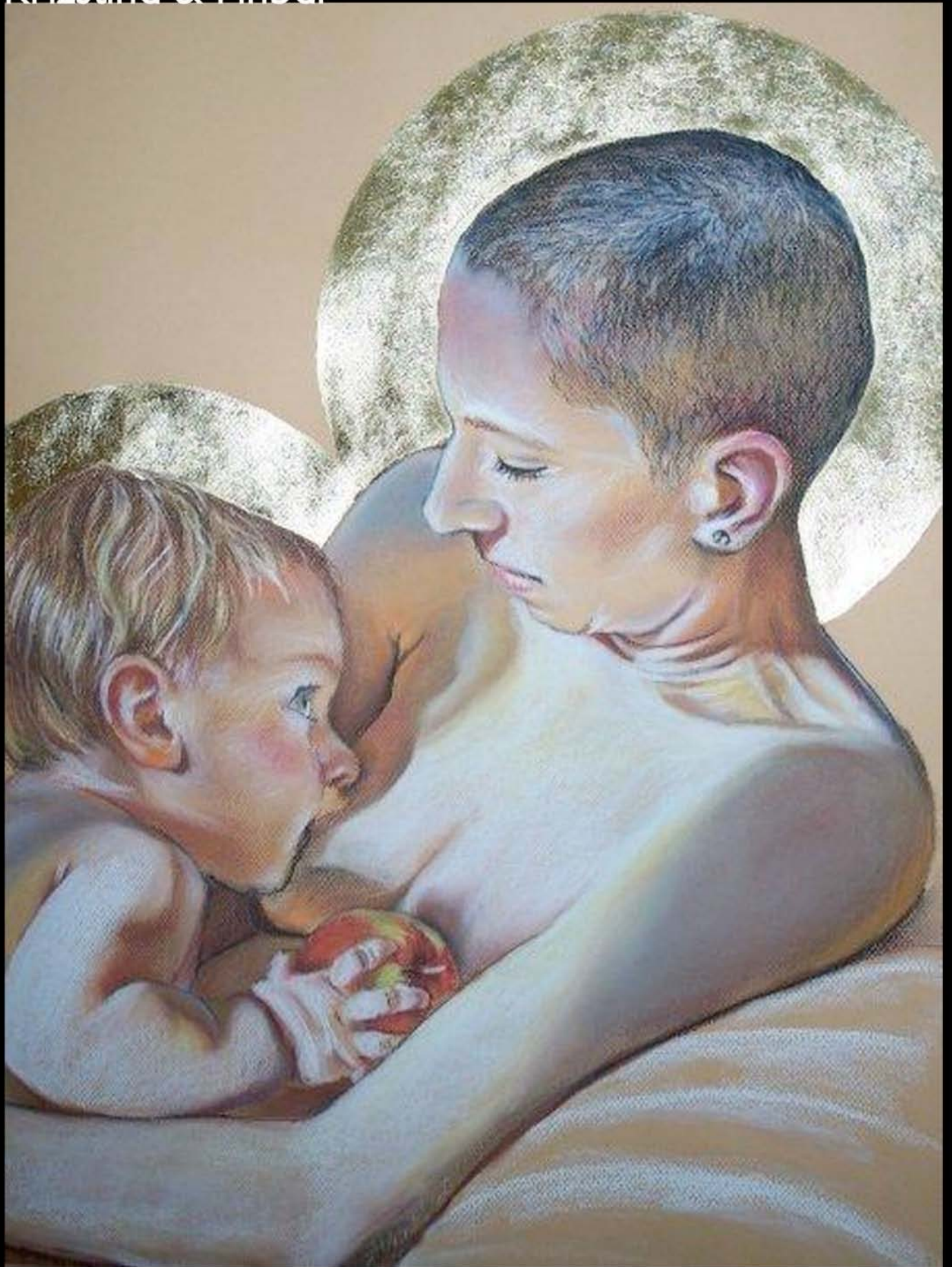


# The Madonna & Child Project

Gladys & Elizabeth



Krizstina & Finbar





Khrista & Colum





Ailen & Jet Jazz





# Madonna and Child Artists Statement

Kate Hansen

[www.katehansenart.com](http://www.katehansenart.com)

After the birth of my son in 2007 I felt an incredible energy and drive to make art. Contrary to the popular belief that art making is one of the things that fall to the wayside after the birth of children, in my case I felt inspired and compelled by my experience of childbirth and motherhood. It was almost as though the creative act of making another human being awoke a creative drive in me. I also found that the time limitations involved in caring for an infant forced me to be more disciplined in my art making. I would eke out hours here and there when my son was sleeping to continue my portraits. After my daughter was born in 2008 I had determined to form a series of mother and child portraits and accompany them with birth stories written by each subject. I wished to express simultaneously the imperfection and fallibility of the mothers but capture an element of the divine in the mother/child bond. Each mother also shares a birth story, be it life changing, beautiful, or a harrowing experience, and these common stories serve to unify a very diverse group with a common theme- of love, of self sacrifice, and transcendence. I owe this inspiration to my children- for their beauty, for their challenges and for the unique bond of motherhood that I hope to capture here.

Each portrait is done in conte crayon and accented with a gold leaf halo. These were made with reference to portraits of the Virgin with child from the 15th century, as well as a 19th century revival of the practice by such artists as William Adolphe Bouguereau. Some of my portraits involve breastfeeding, again in reference to the breastfeeding madonnas of the fourteenth, fifteenth and into the sixteenth century, called "Madonna Lactans." I had some recent controversy over my breastfeeding Madonna portraits. Facebook the popular social networking site, decided to remove three of my portraits, deeming them "hateful, threatening and/or obscene."

A common theme throughout many of the birth stories was a sense of inadequacy. Many women felt they did not live up to their ideal of what a mother should be, what a birth should be. There was sometimes a sense of loneliness, as in the story of Gladys and Elizabeth, who came to Canada with her Canadian husband and gave birth far away from her native Kenya, in the dead of winter. Many of us, myself included, wished to have a natural birth, and had to settle for a c section birth instead. For some women it was elating, as they gave birth naturally after a previous c section, and proved to themselves that they were capable of giving birth. For everyone it was a rite of passage, a moment in our lives right before motherhood, when everything changes, even ones sense of self. I wanted to draw some parallels between our own ideals of what a mother should be, and the cultural ideal of motherhood, symbolized by the Virgin Mary. I wanted simultaneously to honour motherhood, in all the glory of its imperfection.



# ON BEING A RADICAL DOULA



BY MIRIAM ZOILA PÉREZ

**How** can the same person be a pro-choice activist and a birthing-rights advocate devoted to supporting women through childbirth? When I became interested in the rights of pregnant and birthing women in college, I never imagined there was a contradiction between my pro-choice politics and my newfound passion for midwifery. But in 2007, Lynn Paltrow, executive director of the National Advocates for Pregnant Women, clued me into a longstanding divide between the pro-choice and birthing communities. She and her organization put together a groundbreaking conference that attempted to bridge the gap between these two groups, who rarely talk about each others' issues.

Abortion had never been addressed at the midwifery conferences I had attended, and the issue gets little mention on the websites of the most prominent midwifery and doula organizations. Initially these silences led me to believe that birth activists held my pro-choice beliefs, but I recognize now that they are actually a sign of discord. Rather than address what can be a controversial topic (particularly for a movement that includes religious midwives and doulas), most birthing rights advocates choose to avoid the topic of abortion entirely. With a confirmed focus on the pregnant woman and her journey toward birth, such a high value can be placed on motherhood that it becomes difficult to condone practices like abortion. Similarly, within the pro-choice movement, such a large emphasis is placed on the rights of women not to parent that one can forget about the rights of women who choose to parent.

Birth activism provided me with a new outlet for my feminist politics and a way to support women during an important time in their lives. After a harrowing experience in a public maternity ward in Ecuador, where I briefly lived, I became a doula, accompanying women during labor. Unfortunately, working as a

doula--while an incredible opportunity--was not the empowering experience that I had hoped it would be. I found that I had little ability to influence births and I could be in the birthing room only as long as I kept my mouth shut and stayed out of the way. I accompanied four women during their labors and deliveries in this hospital, but by then I was at my breaking point.

Activists working in the abortion-rights field have similar experiences. It is almost impossible for a woman to have an abortion in a totally safe and supportive environment, free from social and familial stigma. No matter how much we pro-choice advocates fight, there will always be a loud and ever-present group on the other side (often just outside the clinic doors) telling women they should feel guilty about their choices and that they are based on selfishness and sin. Women are rarely allowed the freedom to make these choices in the idealistic environment that we abortion-rights advocates dream about, free from the influence of divisive politics. This is where the connection between abortion-rights advocates and birth activists seems exceedingly clear to me: both are attempts to fight back against rhetoric that prioritizes the unborn fetus instead of the adult woman.

When a woman is giving birth in an American hospital, the doctors, nurses, and extended medical team are almost wholly focused on the status of the fetus inside of her--constantly employing technologies to monitor it and drugs to regulate it, allowing fetal well-being to be their dominant concern. When we think of a woman with an unintended pregnancy (and this could be the same woman, in a different phase of her life), a similar logic applies. Anti-choice activists don't trust women to make responsible decisions



about their lives and ability to parent; they instead focus on the potential life inside a woman, and place all emphasis on the future of the fetus rather than on the future of the woman. Anti-choice activism and overly-medicalized birthing practices are both based on a lack of trust in women. Consider the many restrictions imposed on birthing women: rules regulating out-of-hospital midwives, mandatory waiting periods for abortions, forced C-sections, and biased pre-abortion counseling are all examples of how people do not trust women (or their support networks) to make responsible decisions about family well-being.

What is unique about the role of the doula is that she gets to be one of the only people in the birthing process exclusively focused on the woman. She focuses entirely on how the woman is feeling, providing accompaniment and support through a process that can be scary and lonely, particularly in a hospital. Studies show the positive effect that this kind of unconditional support and attention can have on both the mother and her child, during both childbirth and abortion. That's the logic that really connects the birthing and the pro-choice movements--if we support women and their decisions, everyone will fare better. ■



Miriam is a 25-year-old North Carolina native whose upbringing in a Cuban immigrant household was pretty far from Southern, although she does enjoy BBQ and the occasional Carolina basketball game. She graduated from Swarthmore College with a BA in Anthropology in 2006, immediately moved to Brooklyn NY and has since left the Big Apple for a

slightly smaller fruit, Washington DC.

Miriam has been working in the reproductive justice movement for over five years, both online and off, including three years working with the National Latina Institute for Reproductive Health.

You might also know her from her work at Feministing, where she is an Editor. Her writing has appeared in Bitch Magazine, The Nation, RH Reality Check, Alternet and The American Prospect. Most recently Miriam's work has been published in Yes Means Yes: Visions of Female Sexual Power and A World Without Rape and Sinister Wisdom: Latina Lesbians.

Miriam is on the Board of Directors of the Sistersong Women of Color Reproductive Health Collective and the As-traea Lesbian Foundation for Justice. In 2009 she was named one of the Women's Information Network's (WIN) Young Women of Achievement.

# SQUAT CAMP

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# CHILDBIRTH & SOCIAL WAR

Reflections from an anarchist father who supports midwifery

BY DANIEL WILSON

"In the early 1920's, capitalism realized that it could no longer maintain its exploitation of human labor if it didn't also colonize everything that exists beyond the strict sphere of production. Faced with the socialist challenge, it had to socialize too. So it needed to create its culture, its entertainment, its medicine, its urbanism, its sentimental education and its own moores, and be prepared to perpetually renovate these."

-Tiqqun "Preliminary Materials for a Theory of the Jeune-Fille"

When anarchists speak of "Social War" we aren't just renaming the "Class War" of years past, wherein the struggles against capitalism were carried out by the proletariat seeking to overthrow the bourgeoisie and destroy class society. What we are speaking about is the colonization of capital into all forms of modern life and the need to seek out and attack it in every sphere within which it exists. Social war means constant conflict (in varying degrees of intensity) with all aspects of life inside our post-industrial desert. It means both the destruction of all commodified forms of life and the creation and dissemination of new, non-recuperable life-ways.

Our analysis must encompass the totality of our oppression. That is to say that we should never consciously overlook any part of life into which capital has integrated itself. An anarchist strategy needs to avoid stagnancy by constantly redefining and remapping the social terrain and locating the spaces where power has recuperated dissent. We can't expect to remain relevant or be effective if we keep trying to reintroduce the practices and theories of old dead anarchists into a context that is entirely different. Life has changed and we, if we do not wish to wither away into oblivion, must change with it.

One aspect of life that we should not overlook is childbirth. Reproductive freedom has a long and rich history of resistance to capitalist and state control.

Work that had for centuries been done by women in barbarian societies (i.e. gathering, farming) was gradually taken over by men and their beasts of burden. This more sedentary life caused many women to give birth to more children, which increased the population and helped to give rise to Feudalism. When the plague hit, Europe lost 60% of its population, and people with specialized skills and knowledge could charge extraordinarily large sums of money for their work. Burgeoning nation-states, scrambling to pull together enough people to continue business as usual after the catastrophic population decrease, gave rise to the new networks of power, a primitive state apparatus, and, of course, a clamp-down on peasant communalism. Some heretical sects resisted the attack on their communal life-ways by refusing to obey their laws, setting churches on fire, hanging bishops for betraying the real teachings of Christ and some, as in the case of the Bogomils, downright refused to bear children so that they would not bring new slaves in this "land of tribulations".

The onset of primitive accumulation necessitated a new restructuring of power in Europe and an increase in potential laborers. This was at a time when a nation-state's power and wealth was partially defined by the amount of its citizens it had at its disposal. When empires needed these bodies they implemented new state regulations over childbirth. In 16th century Nuremburg, the penalty for maternal



infanticide was drowning, and all over Germany the Pro-Natalist crusades went as far as punishing women who didn't show enough of an effort during childbirth. In France, a royal edict of 1556 required women to register every pregnancy, and sentenced to death those whose infants died before baptism after a concealed delivery, whether or not they were proven guilty of any wrongdoing. The suspicion of midwives - leading to the entrance of the male doctor in the delivery room - stemmed more from the authorities' fear of infanticide (the potential of losing their labor power and cannon fodder) than from any concern of the midwives' alleged medical incompetence. With the marginalization of the midwife, women lost the control they had exercised over procreation and were reduced to a passive role in child delivery, while male doctors began to be seen as the real "givers of life". Some midwives in Germany turned spies for the state in order to continue their practice. Most midwives rebelled; instead of adhering to the new guidelines imposed on them, they continued guiding women through the birthing experience the way they always had. Some of these unruly women were called witches. Some were murdered, but most continued practicing, only less vocal overtime.

Midwives, as demeaned as they were, regularly continued to attend most mothers up until the 1920's when there was a move to hospitalize the birthing experience



in the United States. White and mostly upper and middle class women started attending hospitals due to the doctors' promises of a smooth and hygienic birth. Propaganda campaigns, financed by the medical industry, portrayed midwives as 'unsanitary', poor immigrants. An important thing to note here is that all of the turn-of-the-century arguments against midwives included allegations that they were unclean, old-fashioned, ill-equipped, and dangerous. It was, in fact, the hospitals where a rise in diseases (puerperal fever - aka childbed fever - a fatal infection that was usually introduced by unhygienic obstetricians), complications (due to the hospitals rigid control of the movements of women's bodies), and fatalities (due to unnecessary interventions) were occurring.

The hospitalization of childbirth began to rise somewhat quickly. Within a few decades most deliveries happened in a hospital environment. This provided an immense amount of capital to the industry (as everyone now must pay to come into the world). Also accomplished in this is medicalization of childbirth - and this is crucial to an anarchist analysis of childbirth - was the intense regulated control of the process of bringing life into the world. The state began deciding how (and in some cases when) one was allowed to enter the world. After a few generations women had all power over procreation to licensed professionals and state bureaucracy. Some midwives spoke against the medical apparatus, but were drowned out by more "competent" doctors and studies financed by the medical industry.

In the late 1960's and early 70's there was a revamp in the field of midwifery, which was closely tied to the hippy and back-to-the-land movements. Childbirth was seen, once again, as a spiritual ceremony and many hippies came to older midwives, chiropractors and homebirth doctors eager to learn the trade. This new generation of midwives set up birthing centers on communal farms, collectives in cities, and organized free midwifery trainings. This subculture of "spiritual midwives" existed mostly on the fringes of society and did not (for the most part) break out of its groovy ghetto to attack the medical industry and the state apparatus. Not to be overlooked, though, are the important ways these births empowered women and helped them feel more in control of their bodies. Their refusal to obey state regulations over childbirth, refusal to accept money for delivering children, and the expropriation and dissemination of specialized skills shows a move into a revolutionary consciousness. Content as they were to set up birthing communes and midwifery collectives, some of these midwives failed to take direct action against the business of being born.

But the 60's counter-culture came and went, and what was left were scattered birth collectives charging clientele large fees, upper-middle class midwife authors collecting royalty checks from book sales, and a general acceptance of state licensing and certification. Although there was a slight resistance in the 80's to the legalization of midwifery by some radical midwives, most midwives were just glad they were allowed to practice openly. What started out as a radical subculture reclaiming an almost lost skill, that carried with it a potentially revolutionary paradigm, had become a commodified and regulated component of the industrial medical apparatus. It continues to exist today as another life-choice colonized by capital and overseen by the state.

In recent years, midwifery, homebirth, and unassisted childbirth have grown in popularity. But midwifery as a practice has yet to reject the commodification of its own existence; it has in fact become more of a commodity than ever before. With the movement toward a green capitalist market, midwifery, along with veganism, organic local food co-ops, hybrid cars, Barack Obama, and bicycles, has become just another eco-niche. Certified Midwives have decent incomes, prenatal yoga birthing classes cost a fortune, and birthing tubs for homebirths are not communized, but instead rented out for hundreds of dollars.

Within this commercialization of natural childbirth there exists a kernel of subversion and rebellion, the anarchist midwife. The anarchist midwife is new to the scene but brings with her all of the tools to make childbirth a threat to the ruling order. She carries with her a disdain for all things regulated and surveilled, a readiness to work outside of the law, a sharpened critique of the medical industry, the skills to deliver a new life and a deep trust and love for the mother and child's intuition.

The anarchist midwife has within herself the capacity to be truly subversive. She can provide free or low-cost births for illegal immigrants who would otherwise be turned away or into the police by the hospital staff. She can learn Spanish to offer her skills and knowledge to immigrant communities, outlaws and fugitives. She and her peers can communize birthing equipment. She can use illegalism to fund birthing centers, conferences and skillshares. She can expose and disrupt obstetricians that speak out against midwifery when they give lectures. She can despecialize her knowledge by sharing it with others. She can write pamphlets and journals critiquing the capitalist medical industry. She can give whatever procedures she and the mother deem safe during child-delivery without regard for the state and its arbitrary restrictions.

**She is a free agent, a rebel, a subversive, one part of the social war. She is the anarchist midwife.**



# LEAVING THE HOSPITAL TO DELIVER BREECH AT HOME



## A BIRTH STORY BY JANELLE ROSS

On March 20th around 10:30pm I had a contraction. Having had multiple contractions in the previous weeks, I did not think much about it. However, I said to my body, "Keep it coming." I prayed several times that day that my son would be born on March 21st; it is a special day because my little sister Emma was born on that day.

David came home around 1:30am from work and I told him I had been having contractions all night. He said, "What can we do to keep them coming? I'm ready for our son to be here." I told him to do some reflexology on my feet, which he did for a little under an hour. At 2:00am I had another contraction that was stronger than the previous ones.

I called my Doula, Naomi O' Callaghan, to let her know I was having contractions every twenty minutes. She told me to take a bath, drink a glass of wine and try to get some sleep because if it were time for him to come I would need my energy. I got off the phone and immediately had an intense contraction. I was so excited and the contractions started coming every 10 minutes, 7 minutes and then every 5 minutes.

David called Naomi to let her know because I could no longer talk through contractions. I asked Jen Townsend, David's sister who is in nursing school, to check my dilation. She was nervous because she had never checked a "real" person before but she did it anyway. Jen thought I was three or four inches dilated. David told Naomi and she decided it was a good time to come over. I got in the shower to relax. After my shower I continued laboring in my bedroom.

Naomi showed up around 7:30am. She came into our room and I felt relaxed and excited knowing my son was on his way. She told me her apprentice Stephanie was sick and asked if her other apprentice Sheree Edwards could come. I said of course. The contractions came stronger and stronger and the best way for me to relax through them was on my hands and knees, spiraling my hips, or standing with Naomi doing hip compression (these made the pain decrease by about 70%). After each contraction I allowed myself to relax and enjoy my down time. I thought about the journey my son was taking and reminded myself he needed me to be strong and brave.



We got to the hospital around 10am. I walked in alone while David parked the car and Naomi got her supplies. I was going through the doors when a contraction came. A nurse rushed over to me and yelled for someone to get a wheelchair. I told her I was fine and she insisted. I said, "No, I prefer to walk." She looked at me and said, "You're a warrior woman I can respect that."

Once at the labor and delivery level, they checked me in to a triage room to monitor the baby and check my dilation. I put on those awful hospital gowns and got into a bed. I immediately felt nervous and uncomfortable. A nurse came and started asking me questions, which was very confusing. I was in labor mode and your brain does not work the same as in your "normal" state. The nurse checked my dilation. She could not feel the head of the baby and ordered an ultrasound. Before the ultrasound they informed me that my Dr. was out of town. The on-call Dr. would be doing my delivery and was not comfortable with water births. I felt so much disappointment at that point I could barely breathe. Then the ultrasound technician came in and said, "Your baby is frank breech. I'm going to order an epidural for your caesarean." Another rush of panic; I lost my breath and felt tears swelling in my eyes. I had a healthy pregnancy and he was turned down the whole time. The on-call Dr. came in and said, "I will be doing your surgery. We need to get your epidural going." I asked her to wait and she said, "For what?" I responded, "To get my head wrapped around this." She said, "Your baby is breech - do you know what that means?" David and I looked at each other, aggravated that she felt the need to talk to us like we were uninformed parents. He asked me what I wanted to do. I asked him to get Naomi so I could talk to her. I asked the Dr. if I could get up and move around and try to adjust him myself and she said no, that I had to stay in the bed.

When Naomi came in I was crying. I could barely think through the contractions and being in bed was making them much worse. David asked Naomi what my options were and told her we did not want to have a cesarean. She saw that I was very upset and started calling Dr.'s to see if any would do a natural breech delivery at the hospital; none would.

I wanted to run away. I had the strongest urge to get the hell out of there. My maternal instincts kicked in. I felt like if I stayed there my child and I would be in danger. Naomi started calling midwives to see if any were available that had experience in breech deliveries. After many calls she reached one, Marvelys Lopez, who had delivered Naomi's last child.

Naomi informed Marvy of the situation and asked if she felt comfortable and confident in delivering a frank breech. She said yes but wanted to discuss the risks. David spoke with her and after weighing the pros and cons I decided to leave the hospital and deliver at home. We informed Marvy that we were broke and would not be able to pay her right away. She said, "The most important thing is that this baby is born into the world with love and care." David and I could not have agreed more.

I told the nurse I was leaving and asked to be unhooked from the machines. I was so confident everything would be okay with the delivery. I knew it was a "risk," but I felt in my heart it was the right decision, even if it was against medical advice. As we were walking out you could have heard a pin drop. The staff was in shock that I was leaving the hospital. As I was walking to the car I had another very strong contraction. A nurse on break ran up to me and asked if I needed a wheelchair. I said, "No thank you I'm going home." I will never forget the look on her face. It was priceless, one of complete confusion and disdain.

On the way home David called his parents, Gene and Diana and told them we were coming home to deliver and wanted to set the tub up outside. Once we got home I was in active labor. I went outside and laid over a chair while waiting for the midwife. Sheree was rubbing my back and keeping me relaxed while David, his parents, and sister helped Naomi move the outside furniture for the tub to set up. I had a few contractions and then my midwife was there along with her assistant, Merrijayne Melnyk. I was so happy when she showed up because I knew the baby could come now. Even though I had never met Marvy, she had a relaxing, soothing and nurturing energy about her. I knew the baby and I were in good hands. A moment later another midwife showed up, Kim Trower, to be of assistance to Marvy.





The tub was taking a long time to fill up so I labored in the jacuzzi with David. It was so intimate and loving having him behind me, holding my hips and rubbing my back. While we were in the jacuzzi a cop rang the doorbell. The officer said there was a noise complaint and asked if "people were F!@&ing in the back yard." He informed Gene the neighbors called and said they thought a porno was being shot because a naked man and women were in a jacuzzi while people were filming. Gene informed him it was not a porno but a woman in labor. The police officer did not believe Gene, so Gene said he could see it for himself.

In the middle of a contraction I looked up and saw a cop standing there. We made eye contact and he looked scared. I smiled at him, not quite sure what was going on, and went back to laboring. A couple minutes later my water broke and I felt the baby drop. I had to get out of the jacuzzi because it was not a sterile environment. The tub was not ready and Marvy asked what I wanted to do. I said I wanted to be in water because I



was scared it would hurt more if I were not. I suggested the master bath and they decided to get it ready for me. In between contractions I rushed upstairs. I was having a very intense contraction and threw my body over Gene and Diana's bed. I had a few more and then the baby's feet came out.

At that point they realized the baby was not frank breech but footling breech, which is a much more complicated type of delivery. David said the midwives and doulas looked worried at that point. They asked me to get into the tub. Might I say walking with feet hanging out of you is bizarre. As soon as I got in the tub the baby kept coming faster and faster and the pain kicked in full force. I started pushing as hard as I could with each contraction and with each push I felt my energy level deplete. At one point I could no longer feel contractions and it seemed I was not making progress. I kept looking down and could see his legs hanging out of me but nothing else.

Naomi kept saying push, push, push, but he was stuck. I could feel a slight fear in the room. Apparently, he had an arm caught by his neck and his cord had collapsed which meant he was no longer getting oxygen. As I pushed the midwives did what they could to get him out, but nothing was working. After a couple minutes Marvy asked me to get out of the tub and lie on the floor. I pulled my legs to my chest and with every ounce of energy in my body I gave one more push and she twisted the baby and he came out. He was not breathing and very grey. They immediately began an Ambu bag.

At that point I thought to myself, what the hell did I do? I killed my baby. I am so selfish. I should have had a c-section. I was scared but knew I needed to be there for him. I could not give up now. He was lying next to me looking so helpless. I held his hand and talked to him. I told him how much I loved him. I told him I knew he had been through a lot but everything was going to be okay. I was so afraid. He had a heart beat the whole time, which kept me calm.

Five minutes later his color had gone from grey to pink. I looked up at David and he had tears in his eyes. I knew I had to stay in the moment with the baby to help him come to. After 10 minutes he started taking breaths. At 12 minutes he was breathing on his own. I immediately felt happy and relieved. The air in the room got lighter and people started laughing and smiling. I loved him so much and was beyond proud of him for being so strong and brave.

Lochlan Eugene Johngrass was born on March 21st at 1:25pm on the bathroom floor in his grandparents' bedroom with the assistance of 2 doulas, 3 midwives, and the love of an entire family standing by. He weighed 6lbs and 8oz. A true miracle birth.





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# Fuck the Due Date

By Zuki Abbott



**Inductions, scheduled cesarean deliveries, drugs,** episiotomies, forceps, vacuum extractors, internal fetal scalp monitoring, breaking waters or rupturing the membranes, Pitocin, Cytotec, Blue & Black Cohosh, Homeopathy, 'stripping' membranes, castor oil...All in the name of a falsified authority, the DUE DATE!

Other rationales to induce or surgically remove babies: "baby is too big or too small"; "mother has an inadequate pelvic outlet"; "father is large or tall so baby must be too big"; "mother is too small or she is short and therefore cannot give birth through her own body"; and the DUE DATE SCAM!!!

I never thought that birth was a medical procedure that should be meddled with unnecessarily or even when someone thinks it's necessary. It is not normal. Yet in our 'culture' today we do this more routinely to manage, schedule, coerce - all for time and money.

If all of this was necessary, why would we even exist today? It seems so illogical to think that our human design was created so faulty that we need to screw around with it to the point of no return. Doctors are notorious for messing with timing in nature when it comes to birth, and some midwives, too.

I would never fault a woman for choosing drugs and procedures. That is her choice, hopefully with education to back it up. Yet it seems the system, and most who use it or work for it, do criticize others for trusting in their bodies, coercing them to feel inferior or dumb to get them to do what the masses are doing or not doing.

Many women I have spoken to over the years have expressed a similar feeling. The common feeling is loss of how to ask for what they truly want and know they need from the medical system or from midwives. Yes, midwives!!

More than I want to believe, midwives are a part of this dilemma. I get calls often about how someone's midwife treated them poorly, would not listen to their concerns, wanted to transfer care because of something ridiculous, were not caring to trust in birth & in the woman (or in nature for that matter) and used the EDD (Estimated Due Date) to scar them and induce when they were not ready, doing many vaginal exams, breaking waters, using herbs and castor oil to induce or to get a labor over with...not listening to her inner wisdom.

Even midwives have this mentality. I could not believe it and it makes me sad and sick and mad and furious that even midwives could act like this towards the women who come to them for support and wisdom. Most women I speak with call me because they hear through the grapevine that I'm a different breed. That I am not into rushing and inducing and vaginal exams and telling them what to do or not to do or using false rules and regulations

to dictate my decisions. I am not in fear. No midwife should be, but are we really that evolved?

When a child is conceived we are not within the womb to witness it. The sperm and egg meet alone, without a chaperone or a camera to document each moment and each dividing cell. This would be impossible for an average everyday woman conceiving. It can be done as we know from *The Miracle of Life* movie and such; however, it is not a science, per say, of calculating the exact moment of conception or date of birth. We have a guesstimate way of figuring out a due date, only for the purpose of making sure the baby is growing well, and this is one way of doing so.

When I conceived after a few years of not having a moon cycle, periods, blood flow...I knew I was with child because I was tired, eating more, growing breasts, felt nauseous. Intuitively within a few days of conceiving I knew something was happening, not because I missed my moon but because I knew. Back then, even in the late 80's the midwife did not care exactly when my LMP was (last menstrual period). She did not care because she knew she would be able to tell more as I grew. Her skills could manage rather than the calculator chart, and my intuition was that my EDD was most likely off by a few weeks. Sure enough my son came three weeks before his EDD and was 8.2oz, not early at all. Also, I was 5 cms dilated for over 6 weeks; my midwife did not panic. She knew from her experience and skills not by just the EDD that all was well.

This is more the issue when we are post dates or "late" and people fear the death of the baby due to insufficient placental circulation, which in my understanding is a fear tactic used to induce and get out smaller babies so the Dr. would not have to wait and fear a huge tear or a stuck baby. But this is also the outcome of insurance regulations. Due dates are BUNK!!!



Everyone has a different way of carrying their babies. Not physically, although that is true, too. I mean that we all have a different range of being 'done.' Our babies also play a role in this. They have their own bio-rhythms and path in life that culturally, genetically and spiritually have their own timing. Who do we think we are messing with that divine timing of mother & child?!

In our American hospitals and with some Midwives, there is a misunderstanding of the value of timing. They break and enter before all other steps of gentle transition because of the insurance companies, regulations of state and AMA guidelines, not because it is crucial to do something. Routinely inducing, meddling and cutting to get babies out before their time has a significant consequence to each mother & child born this way.

In order to stop meddling with our divine plan and letting our babies come when they are ready, when they have fully formed brains and cells and hormones to help them survive the rest of their lives, then we can imagine how aligned and balanced and comforting this life could be for them, and be patient. If you are a midwife: fuck politics, do not give due dates, do not induce, and do not allow the system to control you to control the mamas you work with...Give faith and trust a try...do not worry, if you have skills you will know when it is time to use them.

## "Due dates are BUNK!!!"

There are many situations in this world that can be dealt with in hundreds of ways. Birth is the same. Not everyone going past their EDD needs to be induced, as not everyone who conceived exactly as a textbook says will birth exactly in a textbook way. We are human, not machines, and we cycle and transpose so differently each time. One mother having ten babies can do it very differently for every one. Not all babies come when we think they will and not all mothers birth the way we thought. That is normal, that is natural, and that is what we are disturbing with our inductions, lack of patience, and regulations dictating with whom and how women should give birth...

A baby has much development to do right at the end of a pregnancy. A few weeks before the child is ready to be born he will grow new cells in his body to fight infection, his brain will be stimulated by new receptors and neurons and he needs his warm and protective gravity free environment to do so. If we do not allow this last few weeks of growth, our children may suffer. How do we know until much, much later if that has damaged the delicate brain development by taking drugs during labor and birth and inducing them when not ready??

Hormones and body fat are generating within the child that last few weeks and are much needed to survive outside the womb. Fully informed women still make choices to induce rather than wait. Out of impatience? Lack of support? Lack of education? Lack of coverage? Maybe a combination of these.

We are rushing nature and manipulating our bodies & our babies to do things they are not ready to do, and then wonder why we end up with too many drugs, procedures, transports and caesarean births! What is wrong with this? Many things. Our children are not being born when they were meant to be born in nature. Mother Nature does have patience, although I do not think after a few more decades this will be so. Our children are born under false assumptions now more than ever, fear based and drug induced, creating the very thing we strive to save them from later.

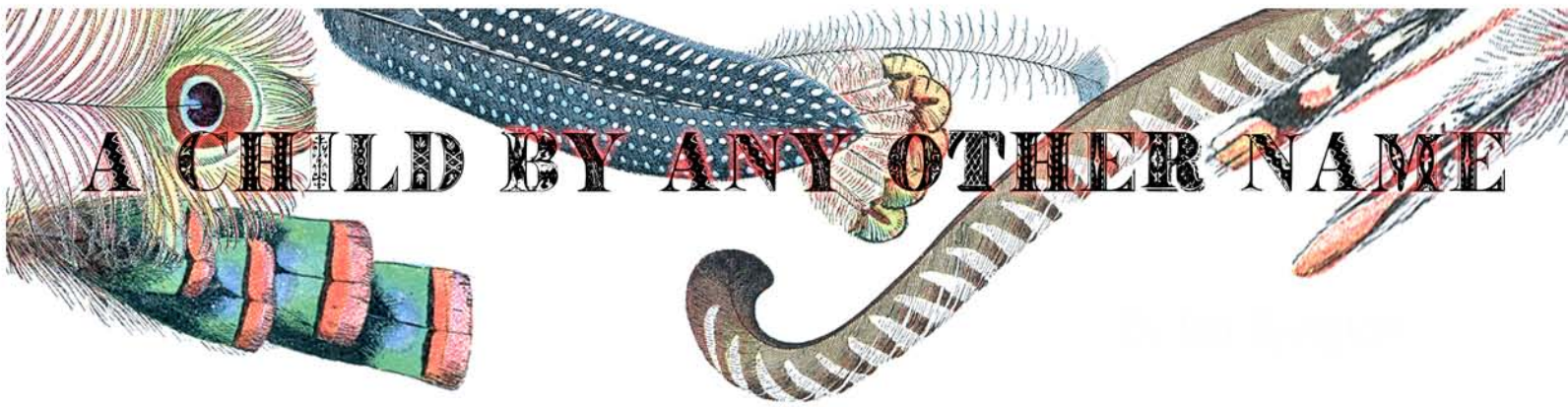
No one needs to submit to the system either. Tell your doctor to wait, sign a release form, and go until you are ready to give birth without drugs and cesarean sections. Be patient. Let your body open slowly, let the baby move down on his own without coached pushing, push only when YOU feel like you want to. Breathe, do not check dilation, and let the body do what it is meant to do without manipulations from anyone!! Deny being on your back on monitors, say NO to drugs and bullying. Get informed and get your babies & bodies back!!

Birth works if you relax and let your body do what it is meant to without interference! ✨



Zuki is a mother, midwife, birth activist, teacher, student and gardener. She has been working with women for 22 years and can't understand why we humans try to control everything. She feels all women should be able to have the knowledge and support to birth as they want, where and with whom they want. That is what she teaches.





**FOR THE LAST EIGHT** and three-quarters months, my wife and I have been with child. Anytime soon, the angels will call.

We've got the bag by the door, the car full of gas, and a crib setup in the kid's new room. This is our first, and we're ready - except for one thing. We haven't got a name. Plenty of advice, but no name.

My parents came to visit last month and lobbied hard for their nomenclature procedures. They had six of us, and they named us all after family members of varying distances from the basic unit (Sherri, my wife, just graduated in sociology at the University of Oregon. This is the way we talk - units - now that one of us is educated.)

Our family names range from the primal (Hunter, Mary) to the ordinary (Pat, Richard), to the less ordinary (Vivian, Edith). They wisely warned us that the delight of honoring someone by naming our kid for him or her can be overbalanced by the dangers of offending the neglected.

Sherri's brother and sister have accounted for all the nieces and nephews on the other side - and they all start with S: Scott, Shaun and Stephanie. Pressure from that side.

Our friends at the natural food store have offered a number of suggestions: Backpack, Little Tree, Morning Dew, Snowflake (Flake for short - should be a big hit in third grade), Rainbow Blue, Acidophilus, Woodstock 20 (sounds like IBM outreach to Janis Joplin fans) and others.

In *A Thousand Clowns* by Herb Gardner, Murray decides to let his young ward Nick wait until he's 12 to pick his own name. Nick tries on a variety of names that are generally influenced by whatever he has most recently seen on TV or read in the paper, or by what dog he has met.

Sherri and I went through a surname stage. Ashley and Whitney are presently in vogue - Montague, Sterling, Hawkenberry and Pachenco have all been suggested. All, of course, lend themselves to nicknames - Monty, Sterl or Hawk. We realize

we'll have to save up for prep school in New England if we name the kid Edison or Worthington or something like that.

Nicknames are a real concern. After years as a soccer coach, I developed the habit of reducing players' names to one syllable: Stephanie became Steph, Jennifer Jen, and so on. We add that into the formula when we think about calling the kid Kirstin, or Seamus (pronounced SHAY-mus) or Simpson.

Although Sherri's sociology background hasn't moved her to lobby for Emil or Max, my literature background swings me through the Shakespearean cosmology of Olivias, Ariels, Cordelias and Antipholis, as well as the great poets (Dylan, Randall, Emily, Sylvia and e.e.) and other writers. Fans of folk music, we lean towards Woody, Arlo, Pete, Holly and whomever we've last heard from.

We've got a ways to go. Royalty in England load a kid up with every uncle or aunt in sight - hence, Prince William George Albert Charles James. We could do that - Lear Fido Joni Mitchell Kesey Earthbug Jose Symington, or something. Doesn't quite have the ring we were looking for. Maybe they're not in the right order ...

So, it's back to the baby-name book. We know it sounds too pugilistic to leave the kid named Kid Byington. Luckily, we have another week or so.

There's still time to catch a movie or two and watch the most interesting part: the credits.

**Ian Byington has been writing short stories and long plays for a couple of decades. Some have been performed, some have been published, and some have been set aside to grow. This article was written a week before his son Shay was born at the midwives' birthing center in Eugene, Oregon, twenty years ago.**





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