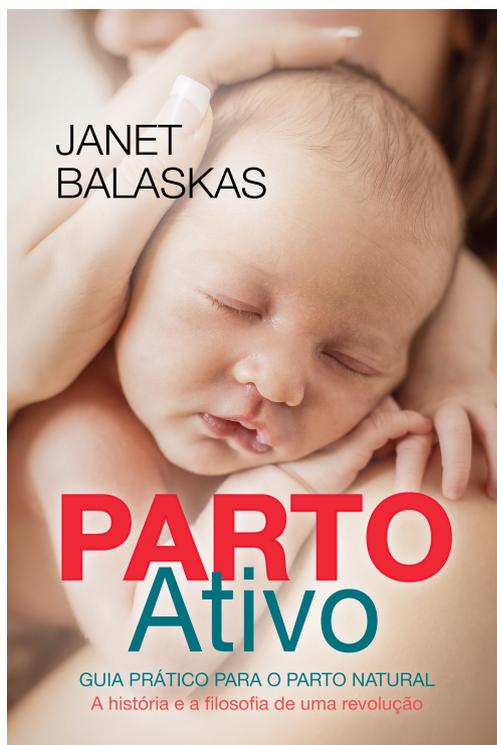


## Preface for Portuguese Edition of Active Birth 2017



I am delighted to introduce Active Birth in Portugal. This is a little book that has gone a long way and has helped many thousands of pregnant women. I would like to tell you first how it began, before proceeding to this moment in time, when a new edition of Active Birth is being published in Portugal.

The first edition of Active Birth was published in the UK in the early 1980's, but the story began before then when my own children were born.

In the late 1970's the maternity services in the UK were advocating an approach which was called 'Active Management of Labour'. This was pioneered and developed in Dublin Ireland in the 1970's (1). I was pregnant at this time with my first baby and not knowing much about birth, this approach in the local hospital seemed to be the only option.

The main principles of Active Management were that no labour should last more than 12 hours from the time that the beginning of labour was 'diagnosed'. Membranes were artificially ruptured to stimulate labour if they had not already broken. Then if dilation of the cervix (neck of the womb) was not occurring at the speed of 1cm per hour, labour was stimulated by a drip of synthetic oxytocin and along with this went continuous electronic monitoring and use of epidural anaesthesia and the potential for further interventions was increased. Birth was converted to a timetable-driven mechanical process. It was an extreme medicalisation of birth and was not adequately backed by research, despite having a worldwide impact.

Of course the woman was lying on her back throughout, the passive recipient of the medical management of her labour.

This was not how I wanted to give birth for the first time – I somehow knew that I could do it, like millions of women all over the world have done before me. Since there were no complications, I wanted a very different approach, where the warmth and sensuality of birthing was not controlled, my freedom and power were not taken from me. I wanted to give birth naturally and to welcome my first child with love. I knew instinctively, what we now know through the evidence of time and research, that this was important and would be best for my baby and best for me.

So I did my own research and two important things became clear:

1. A woman's body is perfectly designed for giving birth – from the shape of her pelvis, to the function of the uterus and her hormonal physiology (this I learned later).
2. Upright postures during labour and while giving birth harness the help of gravity. They have been used cross culturally by women the world over for thousands of years. This benefits the baby, the uterus and the mother, and results in a more efficient, more comfortable and often shorter labour.

I called my approach 'Active Birth', restoring the power to the birthing mother herself to 'manage' her own labour. This did not undermine the importance of the attendants, but implied a different style of minimal disturbance and no unnecessary intervention. It is a complete change of ethos and culture, whereby obstetric management is seen as back up, or is reserved for those women who need or want it.

I wrote a manifesto listing the research evidence (cross reference to the page in the book) and this book, staged a demonstration and organised two huge international conferences in London. I found that midwives in the UK and many other countries and a few obstetricians, warmly embraced Active Birth and things began to change. (2)

More than three decades have passed since then. Now in the UK 'active birth' is a recognised term which signifies that the mother wants the freedom to be spontaneous in labour, to move, to choose the most comfortable positions, breathe and express herself in her own way in an environment that is minimally intrusive. Following the lead from other mammals, we know that there needs to be a low key, semi dark, warm room where the mother can labour without disturbance, in privacy and where she feels safe and secure.

We have learnt that a midwifery led birthing centre within a maternity facility can provide such an environment. This is a popular choice for those women in the UK who feel safest when obstetric care is nearby. Most hospitals can provide this and most now have a water birth facility. There are also some freestanding birth centres.

For those women who prefer to give birth in their own home, there is good state midwifery provision in the UK. All of this is free of charge and there are also options of private care in hospitals and with independent midwives. Women have choice.

For me this is a dream come true in some ways, while it is by no means perfect or uniform throughout the UK, the improvement in 37 years is impressive.

However it did not happen by magic. This change involved the concerted effort over 3 decades of many different people, birth activists and groups, not least Active Birth teachers who trained with us to offer a workshop explaining what an active birth is, the benefits, and offering practical guidance to parents.

Women wanting an active birth have been a big part of these changes. Look at any of our wonderful birthing centres and you will see that they are custom designed for Active Birth and run by midwives keen to support natural birth. This did not exist in the 1980's.

So it is my hope that something similar will happen in Portugal, where I am told that there is noticeable interest in changing maternity practice amongst women, professionals and government and great steps have been taken toward the 'humanisation of birth' - a phrase coined in Brasil where CS rates have been the highest in the world.

Active Birth has had a significant impact in Brasil (Parto Ativo Brasil), where they are struggling to humanise birth and reduce 'obstetric violence' – another expression that finds its origin in Brasil. This book was published in Brasil in 1993 by Editora Ground and is now in its 3<sup>rd</sup> edition (2015).

**Now here is a special edition of Active Birth for Portugal.** For this I must thank my publisher Mario de Moura of 4Estações – Editora, who has had the vision to publish this book at this time, and the publishers of the Brazilian edition Dina and Carlos Venâncio, from Ground who recommended the book to him.

Over the years, so many women have told me that reading this book changed everything for them and inspired them to take charge of their birthing experience. It has been translated into many languages and continues to sow the seeds of change all over the world.

This book puts forward the argument that birth is a physiological process common to all mammals, including humans. Each labour happens involuntarily and spontaneously in its own unique rhythm and starts when the baby is ready to be born.

Labour is also a highly individual personal journey – it is intensely physical and emotional, demanding all of the mother's attention and energy and then rewarding her with ecstasy and joy as she meets her baby for the first time. It is a life-giving and empowering experience. It is not something that can be managed or controlled. But it can be easily disturbed.

This is a time when birth professionals need to understand the intricate physiology of birth and to transform the birthing environment to one that reduces fear and enables the freedom of the birthing mother. More like a bedroom than an operating theatre!

As a consequence of the medicalisation of birth, there is now international concern throughout the world about the rapid rise in CS rates – close to 50% and way above in some parts of the world. In Portugal the CS rate rose to 36.6% up until 2009 – lower than many countries, but way higher than the 10% norm recommended by the World Health Organisation. However, between 2009 and 2014 there was an extraordinary reversal in Portugal. The overall C-Section rate went down during this time by 10% with a 14% drop in state hospitals in the same period. How did this happen?

This dramatic fall has been attributed to a concerted effort to educate and train of healthcare professionals, together with the inclusion of CS rates as a criterion for hospital funding. (3) Other countries would do well to be inspired. But change is not only about numbers.

There is a lot of work to be done to transform what happens on a daily basis in the birthing room to 'normalise' birth. This involves, most importantly, respect for the woman and her wishes, reducing routine medical protocols that are not needed, while providing good obstetric backup. We are still working on this in the UK, as in many other countries.

In Portugal this is a very unique moment which is full of opportunity. We can dare to imagine what a concerted effort to educate both women and professionals in Portugal about Active Birth could do.

It seems to me that there is a fertile ground just waiting for this to happen. Women need to be made aware that there are alternatives to the standard hospital birth. I hope that this book will awaken curiosity – what is an Active Birth? What are the benefits?

So, if you are pregnant and reading this book, the first step is to use the months of your pregnancy to become empowered. This book will show you how. Then when your labour comes, relax in the beginning and then when things intensify, get upright and active.

I offer this book to you with a message – believe in yourself and your instincts for birthing – your body already knows how to give birth and your baby knows how to be born. Like millions before you - you can do it!

Janet Balaskas  
London June 2017

## References

1. O'Driscoll, K, Meagher, D, **Active Management of Labour** (2<sup>nd</sup> edition), Balliere Tindall, 1986
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3. Diogo Ayres-De-Campos, Joana Cruz, Claudia Medeiros-Borges, Cristina Costa-Santos, Lisa Vicente. **Lowered National Cesarean Section Rates after a Concerted Action**, Acta Obstetrica Gynecologica Scandinavica, March 2015