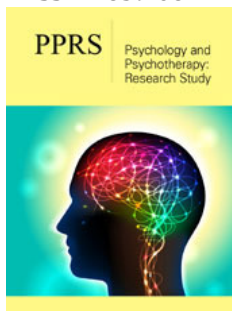


On Freebirth: Language as a Mirror of Social and Legislative Realities

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Commentary

In the contemporary landscape, maternity hospitals abound, equipped with a plethora of obstetricians, midwives, doulas, advanced medical technologies, and numerous options for birthing environments [1]. However, we find ourselves at a fascinating crossroads. Despite the abundance, many women express dissatisfaction with conventional maternity care and express a deep-seated yearning for something more—an essence captured in the concepts of freedom, autonomy, and a greater range of choices in their birthing experiences. Freebirth, a concept non-existing some years back, seems to gain ground, poses questions and revises standards. Language often serves as a mirror reflecting the nuances of a society. The absence of a specific term in many countries to encapsulate the phenomenon of freebirth hints at the complex interplay between cultural norms, societal expectations, and the legal landscape surrounding childbirth. It beckons us to consider whether the experiences and choices of expectant mothers are adequately represented and acknowledged in the broader social discourse.

The century of Medicalization

In the mid-20th century, childbirth underwent a significant transformation with the widespread adoption of medical interventions [2]. Routine interventions and standardized procedures or foolproof protocols found their way to our everyday health system experience. While these interventions have saved countless lives, they have also become more common, raising questions [3] about their necessity. The rise of cesarean sections (C-sections) became a notable phenomenon, initially reserved for emergencies but later expanding to elective procedures, with implications beyond the delivery room [4]. Over the past 23 years of the 21st century, unfortunately and despite the WHO guidelines, the noticeable increase in C-section rates globally holds well. According to WHO, an optimal rate is around 10-15%, but many countries exceed this, with some rates surpassing 50%. Prematurity rates have also seen fluctuations, influenced by various factors such as lifestyle changes, medical advancements, and socio-economic conditions [5]. Are our babies so fast to be born in their effort to survive the high stress of the maternal environment? Or is the mother so stressed by whatever else that unconsciously opts for a shorter gestation for her baby? And at what cost? [6]. As we navigate the 21st century, societal challenges such as adolescent violence and child criminality have become more prominent [7]. While it's essential to approach these issues from a holistic perspective, some scholars explore potential links between early-life experiences, including childbirth, and later behavioral outcomes [8]. Factors like the mode of delivery and neonatal care may contribute to a child's overall well-being.

The Influence of Cultural Shifts

Over the decades, cultural shifts have transformed societal perspectives on childbirth. The rise of the information age has empowered women with knowledge and awareness,

fostering a desire for active participation in decision-making regarding their bodies and birthing experiences. The traditional model of paternalistic care, where medical professionals make decisions on behalf of the patient, in this case the birthing mother, is increasingly being questioned. A longing for more individualized, woman/family-centered care [9] is spreading fast, implying a disconnect with expectations or a potential misalignment between the expectations of expectant mothers and the reality of institutionalized maternity care [10]. While hospitals and medical professionals strive to provide safe and efficient care, the one-size-fits-all approach may not cater to the diverse needs and desires of individual women.

The Call for Holistic, Individualized Care

While maternity hospitals are equipped with skilled professionals, the demand for a more holistic, individualized approach to maternity care is growing. Women seek care that goes beyond the clinical aspects, acknowledging the emotional, psychological, and cultural dimensions of childbirth. This desire is reflected in the increasing reconnection of the woman with her inner power for creating new life potentiality and being potent enough to synergize with her baby at birth [11], thus leading to alternative birthing options.

The Longing for Emotional Support

Childbirth, a profound and life-altering experience, is more than a medical event—it's a journey that intertwines the physical, emotional, and cultural aspects of a woman's life. That's the reason why women express a deep yearning for emotional support during the birthing process. Midwives and doulas or other health professionals often try to fulfill this need by offering continuous, personalized care, emphasizing the importance of the emotional journey alongside the physical aspects of childbirth. However, we are still under the hypnotic trance of the centuries long conditioning of how a mother gives birth to her child and how the child gives birth to the self. The early psycho-prophylaxis efforts failed as, in their efforts to meet the sociopolitical needs of the times, placed more control on the woman under the guise of helping her to release her stress [12]. The obedient ones had the trophy, painless birth, while the disobedient one was to lose herself in pain. Of course, the medicalization of childbirth holds strong and in the majority of cases disguised under the sheepskin of assistance, support, compassion and the such. One needs to be intelligent to distinguish between authentic support and disguised control. In this light, it makes sense why the disobedient women who go for freebirth reject assistance (unassisted birth) or opt for the non-presence of birth professionals. As if safe birth professional is the absent birth professional and here is that the paradox makes its own appearance: On the one hand, the diverse tapestry of global childbirth experiences while on the other hand, the majority of countries seem to lack a specific term for a phenomenon that resonates deeply with expectant mothers. This linguistic gap raises thought-provoking questions about the intersection of societal realities, cultural norms, and legislative frameworks surrounding childbirth [13].

Legislation vs. Social Realities: The Divide Widens

In a survey to map the landscape as concerns Freebirth and whether there is a legal term (with all its paraphernalia) or not, only in 10 out of 23 countries the term was present (although even in these cases, the national language terms were nothing but translations of the English term. In countries where a distinct term has been introduced for this birthing phenomenon, it raises intriguing questions about the alignment-or lack thereof-between legislative frameworks and the lived experiences of women. Does the introduction of new terminology signal a cultural shift, an attempt to bridge a perceived gap between legal structures and the evolving landscape of childbirth experiences? Certainly it makes you reflect on the loud or silent hues of concepts as bearers of values, why the focus is on Freedom and not another concept and why it is also a strong rejection of assistance and the birth professional? The quest for freedom, autonomy, and choices in childbirth is a manifestation of a broader societal movement towards human/individual empowerment. Women are increasingly seeking active roles in decision-making, desiring birthing experiences that align with their values, preferences, and cultural backgrounds. The absence of a recognized term in the majority of countries suggests an unseen layer of challenges faced by women seeking autonomy and alternative birthing experiences. It prompts us to consider whether current legal frameworks adequately address the diverse needs and desires of expectant mothers. Are the choices and preferences of women during childbirth sufficiently acknowledged, respected, and integrated into the legislative fabric of each society?

Bridging the Gap: A Call for Inclusivity

As we navigate the global landscape of maternity care, it becomes imperative to recognize the diversity of women's experiences and the significance of their choices during childbirth [14]. The introduction of specific terms in some countries reflects an acknowledgment of the need for a more nuanced, woman-centered approach, inviting a reevaluation of existing legal frameworks to better align with the evolving landscape of maternity care. The linguistic gap between societal reality and legislation invites us to bridge the divide. It is an opportunity to foster inclusivity in legal frameworks, ensuring that the diverse experiences and choices of expectant mothers are not only recognized but also safeguarded. It beckons us to reconsider whether our language and legislation adequately reflect the evolving narratives of childbirth, and whether they stand as true allies to mothers, fathers and babies navigating the profound journey into parenthood. It is high time we considered the collective responsibility to create a more inclusive, empowering, and respectful landscape for families worldwide.

References

1. Marks LV (1996) Metropolitan maternity: maternal and infant welfare services in early twentieth century London. *Clio Med* 36(x-xxii): 1-344.
2. Al-Gailani S, Davis A (2014) Introduction to Transforming pregnancy since 1900. *Stud Hist Philos Biol Biomed Sci* 47 Pt B(Pt B): 229-232.
3. Davis A (2011) A revolution in maternity care? Women and the maternity services, Oxfordshire c. 1948-1974. *Social History of Medicine* 24(2): 389-406.

4. Keag OE, Norman JE, Stock SJ (2018) Long-term risks and benefits associated with cesarean delivery for mother, baby, and subsequent pregnancies: Systematic review and meta-analysis. *PLoS Med* 15(1): e1002494.
5. Johanson R, Newburn M, Macfarlane A (2002) Has the medicalisation of childbirth gone too far? *BMJ* 324(7342): 892-895.
6. Melville JM, Moss TJ (2013) The immune consequences of preterm birth. *Front Neurosci*.
7. Salo M, Appleton AA, Tracy M (2022) Childhood adversity trajectories and violent behaviors in adolescence and early Adulthood. *J Interpers Violence* 37(15-16): NP13978-NP14007.
8. Brekhman GI, Gouni O, Turner JR (Eds), (2023) *The phenomenon of violence: From domestic to global, from pre-conception to birth & beyond*, Prenatal Sciences Research Institute, SOPHIA, Greece.
9. Baranowska B, Węgrzynowska M, Puzyna UT, Crowther S (2022) I knew there has to be a better way: Women's pathways to freebirth in Poland. *Women Birth* 35(4): e328-e336.v
10. Lou S, Dahlen HG, Hansen SG, Rodkjær LQ, Maimburg RD (2022) Why freebirth in a maternity system with free midwifery care? A qualitative study of Danish women's motivations and preparations for freebirth. *Sex Reprod Healthc* 34: 100789.
11. Henriksen L, Nordström M, Nordheim I, Lundgren I, Blix E (2020) Norwegian women's motivations and preparations for freebirth-a qualitative study. *Sex Reprod Healthc* 25: 100511.
12. Michaels PA (2007) *Childbirth pain relief and the soviet origins of the lamaze method*. United States: The National Council for Eurasian and East European Research, Europe.
13. Chapter one (2006) *Bridging the gap between law and society*. In: *The judge in a democracy*. Princeton: Princeton University Press, New Jersey, USA, pp. 3-19.
14. Thomson GFC (2016) Why do some women choose to freebirth in the UK? An interpretative phenomenological study. *BMC Pregnancy Childbirth* 16: 59.