



# Active Birth Manifesto

Janet Balaskas, 1982. Revised, 2001.

1. In every uninhibited labour there is a marked restlessness: the woman walks, stands, squats, kneels, lies down and moves her body freely to find the most comfortable and appropriate positions. There can be no fixed position for a natural healthy labour and birth when a woman follows her own instincts - for birth is active, involving a succession of changing positions and is not a passive confinement.
2. Throughout the world, and for thousands of years, women have spontaneously laboured and given birth in some form of upright or crouching positions - often supported. Whatever the race or culture: African, American, Asian, European and so on, the same upright positions predominate. History confirms the evidence of ethnologists showing the prevalent use of vertical positions throughout the ages.
3. Most women in post industrialised countries today are confined in a recumbent or semi-recumbent position, usually in hospital. This practice is illogical, making birth needlessly complicated and expensive, turning a natural process into a medical event and the labouring woman into a passive patient. No other species adopts such a disadvantageous position at such a crucial time.
4. Research reveals serious disadvantages to the use of the recumbent position:
  - Lying on the back causes compression of the major abdominal blood vessels along the spinal column. Compression of the large artery of the heart (descending aorta) hinders circulation to the uterus and placenta and can result in foetal distress. Compression of the large veins leading to the heart (inferior vena cava) restricts the returning blood flow and can contribute to hypotension and other circulatory problems, increasing the risk of heavy bleeding after birth.
  - The recumbent position reduces the potential mobility of the pelvic joints, in particular the advantages of flexing the knees and hips in an upright posture, i.e. the acute angle made by bringing the knees towards the chest (as in squatting) which opens and widens the pelvis to its maximum. In the reclining position the body weight rests directly on the sacrum and prevents the pivotal movement of the posterior wall of the pelvis to accommodate the baby's descending head. This significantly reduces the diameter of the pelvic outlet between the symphysis pubis and the coccyx, losing up to 30 percent of the potential opening, compared with squatting or leaning forward.
  - It is easier for an object to fall towards the earth's surface than to slide parallel to it (Newton's law of gravity). In reclining positions the uterus has to work in opposition to gravity. This wastes energy, causes unnecessary effort and pain while increasing the duration of labour and birth. The descent, rotation and birth of the baby are made easier when the maternal position directs the baby towards the earth rather than along the horizon.

- Malpresentations are more likely when the spontaneous movements of the mother which guide the baby's rotation through the birth canal are restricted.
- When lying down for the birth, the perineal tissues stretch unevenly at the expense of the posterior part, this causes stress and pain and increases the risk of tearing or the need for episiotomy.

5. Movement and position change is more important than a single optimal or best position during labour. Spontaneous labour positions include standing, walking, sitting upright, kneeling, crouching or resting on one side.

A labour position is physiologically effective when:

- there is no compression on the blood vessels
- movement is unrestricted
- the pelvis is fully mobilised
- the body works in harmony with gravity

For birth, squatting and its variants are the positions closest to nature's laws and are known as physiological birth positions. These include full or semi squats, standing squats or various kneeling positions.

The use of such upright positions produce the following additional benefits in the second stage:

- more powerful contractions resulting in an effective expulsive reflex
- optimal foetal oxygenation
- minimal strain and muscular effort
- an optimal angle of descent
- maximum space for descent, rotation and emergence of the presenting parts through the pelvic outlet
- optimal relaxation of the perineum

It has been demonstrated that where the use of upright positions during labour and birth is actively encouraged, the number of spontaneous physiological births increases.

6. In an active birth the physiological process unfolds spontaneously due to the uninhibited release of birth hormones. Oxytocin secretion is optimal, resulting in efficient contractions in labour, an effective expulsive reflex during birth, expedient delivery of the placenta and good retraction of the uterus thereafter. High endorphine levels increase the mother's ability to cope with pain without intervention. The altruistic effects of the high hormone levels in both mother and baby promote normal attachment and bonding in the critical first hour after birth.

7. The importance of a conducive environment for labour and birth, where the mother feels safe and secure and where her privacy is protected, is of paramount importance. Such conditions are essential to ensure spontaneous movement in upright positions and also for optimal hormone secretion - the key features of an active birth.

8. Immersion in warm water at approximately body temperature in the active stage of labour (5-6 cms dilation) has been shown to enhance an active birth. Contractions may intensify and the buoyancy increases relaxation, comfort and mobility. Studies have shown that pain modification is significant. While primarily intended to ease labour, a birthing pool can also provide a suitable environment for the birth, when conditions are optimal.

9. Numerous studies in the last 50 years indicate that when birth is active the advantages are:

- the natural rhythm and continuity of birth are not disrupted.
- uterine contractions are stronger, more regular and more frequent.
- dilation is enhanced.
- more complete relaxation is possible between contractions.
- intrauterine pressure is consistently higher.
- first and second stages of labour are shorter - some studies show over 40 percent shorter in the upright group.
- there is greater comfort, less stress and pain, so decreased need for analgesia.
- the condition of the newborn is generally optimal.
- women feel that they are fully participating, in control and more often experience giving birth as a wonderful and joyous experience.

10. There is no doubt to anyone who has experienced or witnessed both active and passive birth, that an active labour and birth is usually easier, safer and more rewarding for both mother and child. After an active birth, the mother feels that she has given birth, rather than having had her baby extracted from her. She and her baby have been full participants together and both are alert, undrugged and healthy when they meet face to face. This inevitably results in the best possible conditions for maternal/infant attachment and the foundation of healthy loving relationships in the family.

11. Active birth is more than a matter of positions. While the freedom to move spontaneously and to use upright positions is fundamental, the essential definition of an active birth is one in which the birthing mother is in charge of her choices and decisions. This enables her to enjoy a productive and mutually respectful partnership with her birth attendants. When interventions are necessary, the principles of an active birth may still be useful in combination with obstetric procedures, and help to minimise risks or side effects. When this is the case, every birth, whether natural or assisted, may be called an active birth.

12. The long term consequences of unnecessary intervention around the time of birth to health and well being is an area of increasing concern. Based on research findings, modern experience and ancestral instinct, fundamental changes in attitude and provision of maternity services, in the education of midwives and in the preparation of women for birth are inevitable, in order to increase the potential for physiological birth.

13. Childbirth, in any woman's life, is an exceptional act, a tour de force, partly instinctive and partly a learned skill. There is a knack to doing most things and birth is no exception. A prospective mother needs more than knowledge and information about pregnancy, labour and birth. She also needs physical, mental and emotional preparation throughout pregnancy, to develop comfort and ease in upright positions and confidence in her innate ability to give birth. Preparation for an active birth needs to offer her a means of profound and deep relaxation of body and mind, to enable her to access and trust her instinctual potential.

14. As well as a celebration in the family, the birth of a child is a critical, uncertain event involving suspense as to the final outcome. The skill of birth giving and of birth attendance is prized in every society. In the modern and western world, the application of technology to birth has introduced unprecedented safety and lifesaving procedures. However, the widespread and routine application of such technologies to the majority of women is inappropriate and has been demonstrated to increase the number of complicated and

surgical births all over the world. This leads to the loss of valuable and essential midwifery skills and increasing reliance on technology, eroding the satisfaction and confidence of both mothers and midwives. Medical attendants have become the birth experts. Moreover, the balance of power is such that the skill of the birthing woman has been so undermined, that most women have lost touch with the age-old knowledge and wisdom of birthing that was previously handed down the generations, mother to mother. This balance of skill and power must be restored by reclaiming the instinctive potential, freedom and power of the giver of birth, the mother. The Active Birth Movement is committed to the empowerment of birthing women and the global rediscovery of birth.

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