

THE PITFALLS OF *Going with the Flow* IN BIRTH



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So many of us aim to “just go with the flow” as our birth plan. But could the gentle flow of birth we envisage actually be undermined with this approach? Could “going with the flow” ever be detrimental to a positive start to life for your new family? This article explores this approach and looks at how we can improve our chances of a positive birth experience...and why it matters.

Kelly is 39 weeks pregnant with her first child—round, radiant and ready. Her belly precedes her as she enters the café, kisses her friends hello, and lowers herself carefully onto the chair. After they joke and jostle over the menu, all eyes turn to Kelly and the question is asked. “So,” says one friend, “Are you scared about the birth?”

“Oh,” replies Kelly casually, “I’d really like a natural birth, and I don’t really want any drugs...but I’m just going to go with the flow and see what happens.”

One and a half weeks later, Kelly is lying on an operating table, after an induction, some pethidine, an epidural and 28 hours of labor. She is exhausted, frightened, concerned for her baby, and in shock at the happenings of the last day and night. And now she is meeting her baby via abdominal surgery.

Necessary...or not?

Many people would look at the above scenario and express relief that Kelly was able to access the care she and her baby apparently needed. They would understandably assume that some dangerous and unexpected complication had arisen that necessitated the interventions, and ultimately the caesarean, in her labor. And this is certainly a possibility, and of course does occur. But what if this situation was merely the end result of “going with the flow”?

This possibility can be difficult to embrace. As Melissa from Birthtalk.org shares: “I know when this was suggested to me after my own caesarean, my emotions shifted from immediate denial (“No! I was told it was necessary!”), to disbelief (“I do not want to hear that the pain and side effects of major surgery may have been avoided!”), to intrigue (“You mean...

maybe I *could* have birthed normally?”), to anger (“I can’t believe no one told me this could happen!”), to grief (“I am devastated for what I missed out on.”), to an undertaking of an exploration of a whole side to birth that I had never known existed.

I discovered that my own antenatal education was sorely lacking, even though I did the hospital’s antenatal course, and a private “Active Birth” course. No one told me that “just going with the flow” could possibly be setting me on a trajectory to an outcome I did not want... and very possibly did not need.

Why we decide to “go with the flow”

“Going with the flow” is an oft-used expression many women turn to when asked about their impending birth. For some of us, it takes the pressure off us to “perform” and have the “perfect birth.” It suggests we are fairly relaxed about the whole deal. What else can we say when we don’t know how things will turn out? We haven’t road-tested our bodies for this sort of thing before. Most of us have never seen a baby being born, unless you count watching our favorite characters in sitcoms...which most of us acknowledge aren’t very realistic birthing moments. What else can we say, when we have been bombarded with horror stories of birth for the last few months, by friends, family and people in line at the bank? How else do we quell the nervous ache in the pit of our (sizeable) belly, except by acknowledging and accepting the unpredictability of birth in this way? And where do we find the good stories, the happy stories about babies being born? We certainly don’t hear them in the street or at parties. Unless you count those women who see birth as a sporting event, and define their births in terms of velocity...which just ups the ante for those of us who are already feeling pressured to perform.

Out of our control

“Going with the flow” can be a safe way of saying “I have no idea. I am scared stiff. All I hear are descriptions of excruciating pain, and watermelons coming out of places they shouldn’t. I am just going to put myself in the hands of the experts, and hope I am fine.” Women may be inclined to turn to this approach as a form of default, not knowing any other way, and as an acknowledgement that childbirth is out of their control. An understandable justification. And understandable fears, when you look at the way our culture views birth—as an event that must be endured to extract an offspring. No wonder many of us become frozen in our tracks, looking for guidance. But the act of “going with the flow” can contain inherent pitfalls unbeknownst to most women who follow that plan of action. Unfortunately, the question is not, “Are you going to go with the flow?” In our current birthing climate, the real question is, “Just whose flow are you going with?”



Healthy mother, healthy baby?

“The flow” implies a natural unfolding of events, where mother and baby’s well-being is paramount and central to the occasion. It suggests a gentle meander from stage to stage of the birthing process, veering smoothly to a different course if the current path seems unviable. And it implies that all paths of the flow lead to the same outcome: a healthy mother and healthy child.

Healthy mother and child. If we pause for a moment and really consider this over-used phrase, we need to look at what defines “healthy.” When we look at safety in birth, we tend to only think of physical safety, i.e. getting both parties out of the experience alive. But doing so without attending to a woman’s mental well-being seems to have shocking implications for women, their babies and their whole family after the birth.

Debbly Gould is a trained midwife, mother of two, and co-founder of Birthtalk.org, an Australian education and support group with an arm devoted specifically to supporting women after traumatic births. Says Debbly, “Every week we talk with women whose birth plan was to just ‘go with the flow.’ Unfortunately many have experienced their birth as traumatic and are contacting us for support.” Debbly describes these women as expressing feelings of sadness, confusion and often anger. “The effects are more far-reaching than most of

us realize. These emotions can spill over and impact upon how women parent, how they relate with their partners, and even how they feel about themselves.”

Most women’s interpretation of “going with the flow” is “to put ourselves in the hands of our health carers, and accept the interventions they suggest as inevitable, unquestionable and always in our best interests.” However, as Debbly is finding at Birthtalk.org, it seems that this approach may not only offer us few benefits for the actual birth, it may also put us at a disadvantage in parenting our new babies, and how we experience our entire postnatal phase.

The hospital’s definition of healthy

Miranda, a 38-year-old mother of two, tells sadly of her realization that her definition of a “healthy mum and bub” and her hospital’s definition were eons apart. “I could not fathom that any decision would be made that was not solely in my best interest. I did not think for a moment that we weren’t all working toward the same goal. I was going with the flow. But their flow took me to a place I never wanted to be, and I am still paying the price. And it wasn’t because their way was safer. It was because it suited their institution better.”

This is where the real flow can rear its sometimes ugly, institutionalized head. Although our health carers

are there to ensure physical safety, and many would like to be able to support women emotionally through birth, they are often stymied by the very system they work in. The birthing journey consists of many twists and turns, and some of these turning points may require decision-making. As an institution, the hospital has certain protocols and policies in place to enhance the smooth running of an enormous organization. And while some of them are designed with the woman as the main focus, many other regulations were created to meet the hospital's needs. So every decision made about a woman during birth must take into account not just that woman and her baby, but issues such as litigation, liability, staffing, costing and more. We generally assume that all “flows” will arrive at the same result of “Healthy Mother and Baby.” But now—what is the hospital's definition of healthy? And indeed, what is the doctor's definition of healthy?

Debby Gould has witnessed over and over again that physically healthy is not enough. “The goal of emerging

contact Birthtalk.org. Sadly, they are not alone. Research shows that one in three women report their birth as being traumatic. Many more are disappointed or view their birth experience negatively. But is birth really that horrible? Or is it more the culture of care being provided that causes problems? Are we helpless pawns in the machinations of the maternal health system?

Debby Gould believes there is much we can do to birth safely and experience the actual birth as an enriching, positive event. She offers some practical advice on a different approach to labor and birth, tried and tested by hundreds of women attending Birthtalk, explored below. But first, does it really matter? Is it important that the birth is a positive experience for the mother, as well as a safe experience for mother and child?

Does birth matter?

Contrary to popular belief, birth is not just “one day in your life.” Why? Because we don't just leave our feelings about our birth at the hospital. The feelings we bring home

THE KEY AREAS FOR HEALTH PROFESSIONALS TO ADDRESS ARE ENABLING WOMEN (WITH SUPPORT AND INFORMATION) TO BE INVOLVED IN DECISION MAKING IN THEIR BIRTHS AND ACKNOWLEDGING WOMEN'S EXPERT INSIGHTS INTO THEIR OWN BODIES.

from birth with body and baby intact is a bit of a no-brainer, really,” she says. “Of course we are all working towards that. But what many health providers fail to recognize is that it is completely possible to support a woman to birth a child so she feels mentally healthy afterward, without compromising safety in any way.”

This needs to go beyond the physical care of the woman and perfunctory acknowledgement of her involvement in the process, and taken to a new level of opportunity for the woman's participation in her own birth.

Deb believes that the key areas for health professionals to address are enabling women (with support and information) to be involved in decision-making in their births and acknowledging women's expert insights into their own bodies.

She acknowledges that it can be challenging for health professionals in busy hospitals to build relationships of understanding and trust with birthing women they may have never met before. However, taking steps in this direction in fact enhances safety and women's long-term emotional well-being.

Is there another way to approach birth?

Going with the flow just doesn't seem to have worked for women such as Miranda and many of the women who

about the birth can affect our experience of parenting our new babies. If we bring home feelings of confidence, joy and strength, our instinctive bonding is promoted with our babies. Our confidence in all aspects of life can soar and we can connect at a new level with our partners. Conversely, if we are bringing home feelings of fear, isolation and confusion, bonding with our beautiful babies can be difficult, and feelings of failure can result. Our confidence can plummet, and relationships with partners can suffer. These feelings can infiltrate all areas of our lives as a new family.

Birth *does* matter, because how we experience it can affect every single thing that occurs after it. For this reason, “just going with the flow” can be risky, as it often entails “giving your birth over to the experts,” and following their flow, as they advise you throughout. What this process can fail to provide, for a woman and her partner, is the opportunity to ask questions, provide insights, and make decisions as part of a team. Being involved in decision-making is a key aspect of emerging empowered from birth. Even if you make the same decision as your health carer advises... it is still *your* decision if made from a place of knowledge (due to having information) rather than fear.

To make that clear—we are not advising ignoring your health carer's suggestions and advice. We are,



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however, sharing the benefits to be gained from taking an active role in the decisions made, and entering this process with a wealth of information rarely offered in regular antenatal courses, to optimize your chances of emerging empowered and ready for parenting.

A birth that is safe and positive?

Debbly suggests looking further afield for birthing information and knowledge than the regular hospital antenatal classes, and mainstream pregnancy books. “There is often a huge gap in women’s antenatal education,” she says. “Women are encouraged to just go with the flow, and then are naturally surprised and disappointed when their outcome is so different from what the books and classes told them to expect.” Debbly recommends that women expand their understanding of birth to include education in a few key areas:

Knowing how women’s bodies work best. Finding out what our bodies need to be able to access their innate ability to do their job is strongly recommended. Influences such as sound levels (quiet allows focus), obtrusive interruptions during contractions (avoid), lighting (low is best), privacy, and feeling safe and supported are often important factors in determining our body’s

optimal physiological ability to birth. “By knowing what our bodies need, we can ascertain if these needs will be met by purely following the hospital’s flow. If not, we can take steps to ensure our needs are met,” explains Debbly. Dr. Sarah Buckley, an obstetric G.P. and mother of four, agrees. She writes, “We share almost all features of labor and birth with our fellow mammals. We have in common the complex orchestration of labor hormones, produced deep within our mammalian, or middle brain, to aid us and ultimately ensure the survival of our offspring.” Her book, *Gentle Birth, Gentle Mothering: A Doctor’s Guide to Natural Childbirth*, outlines the way our bodies are designed to work. This information can support us when making decisions along any twists and turns of the path to birth.

Understanding how our health system works. “To birth in our system and emerge emotionally healthy, women may need to buoy themselves with knowledge in how decisions are made about their provision of care,” says Debbly. Knowing how and why the hospital usually arrives at their “flow” decisions can make it easier to negotiate (if necessary) to get your own needs met, often in a positive way for both you and your health carer.

Support, support, support. Most of us expect to have our partners at the birth of our child. It is worth considering

the research that suggests the presence of another support person who understands birth can greatly enhance the experience for everyone. Some partners are reluctant to “share” the birth with an outsider, and worry they will be made redundant in the birthing room if there is someone else there in a support role. But in talking to couples after the baby is born, this doesn’t seem to be the case. For many couples the actual experience of having extra support is usually described afterward as a blessing, and a part of their positive view of their birth and their role within it.

Research indicates that continuous caregiver support during childbirth has a number of benefits, including a “reduction of the need for medical intervention such as forceps, vacuum or caesarean, a tendency for shorter labors, and a reduction of negative feelings about one’s childbirth experience.”

Catherine, a mother of two young children, wishes she knew about this before her first child was born. “I didn’t think I would need any support, as I knew exactly how things were planned to go. I so wish I had someone to advocate for me, and explain my options in more detail, and offer me the continuous care I know I needed. I could see the birth just getting away from me, and I didn’t know where to turn.”

So who is going to provide this continuous presence throughout the labor if it is so beneficial? Usually not the obstetricians...they are generally only called in toward the end of the labor or if any concerns arise. Traditionally this support has been provided by midwives, but as we have seen, our healthcare system places many limitations on our health carers. And this is especially true of midwives. In our hospitals, midwives are generally unable to really get to know women prior to their birth. So they are unlikely to be aware of your particular needs, and the “flow” of birth you are looking for, and are often unable, due to hospital policies, to remain with a woman for her entire labor.

Many women are now seeking the services of models of care offering continual care from a known carer and/or a professional support person (known as a doula) who see their job as supporting both partners as they enter this new phase of life. A doula can stay with the woman at all times, as well as act as an advocate for her, to work

with the midwife to ensure that, as much as possible, her birth is a positive event. Kay, 37, is a mum who experienced a vaginal birth after caesarean (VBAC), and hired a doula to support her and husband Jake.

Says Kay, “Having experienced hospital policy with the birth of my first child, which culminated in a possibly unnecessary emergency caesarean, I could not imagine giving birth in the hospital environment without the support of a doula. To know that I was going to take a doula second time round probably gave me the confidence to proceed with falling pregnant.” This confidence extended to Kay’s birthing experience, as she recalls, “The step into motherhood following a well-supported birth has been streets ahead of the step into motherhood following [my previous unsupported] birth where I felt a failure.”

Being involved in decision-making. This final tip from Debby comes with an assurance that “we don’t all need to be midwives and know every possible thing about birth to be able to birth well in our system.” Rather, it means knowing which questions to ask so you can weigh up each situation. Many issues that arise during birth can be resolved a number of ways—there is often no set path that must be followed. The hospital may not volunteer the fact that you have choices—as they may have what they consider to be the best path to meet your needs (as they perceive them), as well as the needs of their establishment. Once you know there may be options, the trick is determining which option is right for you and your family in your situation. How do we choose, when we are not doctors or midwives ourselves? Debby says, “Once women have attained the information about how their bodies work, they will have a better idea of what will support them in birth. We suggest to begin by using the acronym of B.R.A.N. to help to get enough information from caregivers that will enable you to choose from different options to meet your individual needs.” By asking “BRAN,” (see sidebar) you can get a wealth of information to enhance your decision-making abilities.

Why didn’t anyone tell me?

Perhaps we should check back with Kelly, who we met at the beginning of this article, as she was about to undergo an unplanned caesarean. Kelly knew she couldn’t control childbirth. She decided to go with the flow. But

By asking “BRAN,” you can get a wealth of information to help you make better, more informed decisions.

Benefits *What are the Benefits of this intervention?*

Risks *What are the Risks of this intervention?*

Alternatives *Are there any Alternatives to this procedure?*

Nothing *What would happen if we did Nothing? (Or, do we have to act Now?)*



WE CERTAINLY CAN HAVE A LEVEL OF CONTROL OVER THE ENVIRONMENT WE ARE BIRTHING IN, MADE POSSIBLE BY THE KNOWLEDGE WE BRING TO THE BIRTH.

no one told her that in doing so she was potentially giving up her chance to be involved in one of the most amazing, empowering experiences life offers us.

A few months later, she is still upset, confused and affected by her experience. “What tears me up the most is that I am really questioning whether my caesarean was even necessary. Right from the induction onwards, no one let me know I had any options. I didn’t know if decisions were being made because my baby was at risk, or because the hospital’s timetable was at risk, or some other reason. I didn’t know that every intervention could have repercussions for the natural labor I envisaged. Now I am finding out about the choices I could have had...I am so upset. Why didn’t anyone tell me?”

So...when is it OK to go with the flow?

While we can’t control childbirth, we certainly can have a level of control over the environment we are birthing in, made possible by the knowledge we bring to the birth, the support we have around us, and the ability to ask the right questions. Once these things are in place, it becomes time to go with the flow—but with a different focus. Once a woman has this additional information and support, it becomes the flow of birth we are going with, not the flow of birth as dictated by an institution or a particular carer. It is then possible to surrender to the power of your birthing body, to follow the flow of this

birth, knowing that you have set in place the people and the environment to support you in meeting your goal of “empowered healthy mother, and healthy baby,” no matter what path your birth follows.

By giving ourselves the gift of an informed, empowering birth, we are giving our new little family the gift of a strong, confident mother, who has the ability to create a gentle flow of family life based on what is best for herself, her child and her family. 



Melissa Bruijn and Debby Gould run Birthtalk.org, an Australian support and education organization specializing in planning a positive birth (no matter how you are birthing), plus birth-after-caesarean support, and birth trauma/birth grief support for those who find Birthtalk.org after a previous traumatic or disappointing experience. Debby is a midwife, childbirth educator and doula, and has experienced birth twice herself as a mother of two girls. Melissa is a mother of two and has experienced a traumatic birth ending in caesarean, and then an empowering VBAC. They are also co-founders of CANA—the Caesarean Awareness Network Australia (canaustralia.net). View article resources and author information here: pathwaystofamilywellness.org/references.html.