Activist for Change: An Interview with Suzanne Arms

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Abstract

Suzanne Arms's name is readily recognized by many in the field of perinatal education. For 30 years she has been a tireless advocate for childbearing women, a fighter for change in the traditional maternity care system, and a feminist with strong beliefs about the physical, emotional, and spiritual impact of birth. Arms's well-known books and frequent speaking engagements have allowed her to spread her message and her plea to humanize the childbirth experience. Talking with Arms is an energizing encounter. Her life path is a powerful and compelling story that is an inspiration to all who continue to work to make birth a positive event in the lives of women and their families.

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Elaine Zwelling: Suzanne, I'm sure the readers of the *Journal of Perinatal Education* (JPE) are going to recognize your name from your books and conference presentations. I want to start our conversation by asking how you initially became interested and involved in the area of childbirth reform. Was it the “challenging” birth with your daughter, Molly, that you refer to in your books, *A Season to Be Born* (Arms, 1973) and *Immaculate Deception* (Arms, 1975)?

Suzanne Arms: Yes, the catalyst was the experience of giving birth to Molly. But when I look back on it, I think my entire life was a preparation for that experience. I believe we come to earth for a purpose—each human being, each soul—just like many African and other indig-

enous tribal people believe. Like them, I also believe that the circumstances of our lives should be seen as valuable for helping us accomplish our life's purpose and bring forth our unique gifts. I think my gift had to do with my own wound, which was having such a traumatic birth. I personally come from at least three generations of traumatic births. I really wanted to make a difference in the lives of children and women, but I didn't know that for some time. I don't think we always know what our purpose is until we find ourselves doing it and it just resonates.

It *was* the birth of my daughter, which was a nightmare by many standards and yet certainly all too typical, that was my catalyst. I happened to get most of the interventions available at the time thrust at me. My labor was so manipulated; my body didn't know what to do. I was a very compliant patient. I let go of my entire college-educated, competent-woman persona and reverted, as many women do in labor, to my child self. In my case, my child self was a pleaser who tried to avoid blaming and shaming and abuse by reading the needs of the adults around me and doing what is needed in order to gain their approval. I was a nice little girl from New Jersey, raised by two schoolteachers to be a good student and docile, but to think for myself—a tough combination. I had done really well in college, but I knew nothing about my body because nobody had told me anything about my body.

The prevailing hospital model for birth in America in 1970 was the same as it is today: The professionals are in charge and it is understood that they know best and that they only do what is best. Questioning authority is likely to result in the laboring woman, and even her support people, being frightened with catastrophe stories and blamed or shamed into following whatever protocol the professionals operate under.

In addition, I carried what was then an unusual amount of fear about the process of birth. I was terrified of birth and I had no idea why. Like most women then and now, I had never been told the full story about my own birth, which in my case was obviously traumatizing to both my mother and me. I didn't know that my mother's legs were held together by a nurse who was under threat by the doctor not to allow the birth to take place until he got there from his Tuesday night poker game. I didn't know that the nurses in 1944 were *all* under orders to get the doctor there just in time, but not to

waste his time by getting him there too early. I didn't know that the circumstances of my mother's birth with me were heavily influenced by the medical goals of society at that time: all births should be done in the hospital. That was the direction they were moving toward, even though doctors had only "achieved" a 50% rate of hospitalizations for birth at that time. Once it hit that figure, it quickly shot up to virtually 100% of women being hospitalized for birth by the early 1950s. In the 1930s, women were being encouraged, pressured, and sometimes even paid to go to the hospital for birth. I've interviewed several women whose mothers, grandmothers, and aunts received some sort of financial incentive to go to the hospital, but they didn't know where it came from. The rise of an insurance industry that reimbursed people for birthing in a hospital obviously played a significant role in women's attitudes toward where they should give birth.

I didn't know—and I wouldn't even have questioned—that virtually all obstetricians and GP doctors doing births in those days were men, nor was I aware that there was an organized, concerted effort to drive all midwifery and home birth out of the United States.

Zwelling: Your mother had told you some things about her birth experiences. In your book, *A Season to Be Born* (Arms, 1973) you have pictures of you walking on the beach with her as she's saying to you, "Why do you want this natural childbirth? It's pain."

Arms: Exactly. She said, "It's awful and it's terrible pain."

Zwelling: But she didn't tell you everything about her experience.

Arms: No, she never told me about her legs being held together and how, despite her tremendous natural urge to push me out, she was ordered not to push, and how the nurse forced my head back in with each contraction. And she didn't tell me that she was terrified of dying. She didn't tell me that the nurse thought that I might die because of her counterproductive measures, done to please the doctor and keep her job. I learned about their fears only in the last couple of years, in the course of some process work I did about my birth, when it became clear that my body knew the whole story and still held the memory of the entire story—not just my experience, but that of my mother's and the nurse's as well. Everybody was trying to please somebody else; nobody was following what Nature was trying to do.

So I arrived at the birth of my daughter without any conscious awareness of my own birth trauma, much less any awareness that “birth trauma” could exist. There was no name for it in the culture. All I knew was that I was afraid I would die in labor. And that drove me into the hospital when I couldn’t find a home birth and a midwife.

Zwelling: That was going to be my next question. Again, in your book, *A Season to Be Born* (Arms, 1973), you mention at one point that you had some interest in a home birth. What happened to prevent you from having that?

Arms: In the spring of 1970, in Marin County, California, I tried hard to find a midwife who would attend me at home. There were perhaps a dozen women practicing as midwives in the San Francisco Bay area. Some had not yet even formally begun calling themselves “midwives.” All were college-educated and self-trained women responding to the needs of their friends. This was a fairly new phenomenon, arising out of the “hippie,” “back-to-the-land,” and “natural-living” movement of the late 1960s. But they were underground, unlicensed, and I did not know where to look.

I did meet two women who were planning to give birth “naturally”: one at home, unattended, and one in the hospital. Each of them generously invited me to be there when I told them of my deep need to see a birth before I went through it myself. In one case, the woman ended up in the hospital because a male housemate panicked at the noises she made during labor and her partner insisted they go to the hospital. In the other case, the woman called me when she went into labor and asked me to meet her at French Hospital (the hospital known at the time for “allowing” natural birth in the area and where I gave birth myself six months later). I arrived with my camera because the woman said she would like pictures. She was sitting in an exam room on a table with her legs crossed in meditation position, breathing slowly, and looking very relaxed. But they moved her down to the labor and delivery department in the basement. They told me I couldn’t come along because hospital policy didn’t allow anyone but the father to be present during birth. I later learned she had the natural birth she wanted, because she was able to successfully negotiate her needs.

I was inspired by the woman who did manage to have a natural birth in French Hospital. I needed a lot more

positive stories and should have done something to work through my psychological fears. I did go to the same doctors she went to, who apparently belonged to the only local, natural childbirth doctor’s practice in the Bay Area. But I went as a patient, with the mindset of being a patient.

Zwelling: How old were you?

Arms: I was 26 during the pregnancy and 30 when I wrote *A Season to be Born*, which was a positive take on my pregnancy and Molly’s birth. I was intellectually precocious, but emotionally I was very young. I married in college and left the East Coast for the West Coast to join the Peace Corps, but we quit the training when I started descending into a depression. I became a nursery school teacher. Six months later, my brother killed himself, and I began serious therapy. A year after that, I found myself one afternoon at Golden Gate Park at a spontaneous “happening” called “The First Human Be-In.” Not long after that, I divorced my husband, who never wanted children anyway, and got involved in the nonviolent movement to end the Vietnam War. I lived at the edge of the Haight-Ashbury, still a straight little girl from New Jersey, and watched the riots in the city and the burning of the local Safeway and the tanks roll up Fillmore Avenue.

When I became pregnant, my partner and I were living in the coastal town of Stinson Beach. The hospital situa-

At age 26, Suzanne Arms was pregnant with her daughter, Molly, and living with her partner in Stinson Beach, California, where she worked as a nursery school teacher. Here, Suzanne shares a moment with a curious friend. (Photo by John Arms.)

tion at that time was a perfect setup for being the passive patient that I became during my birth. Primarily, I was cared for by nurses who were strangers—some supportive, some definitely not—in the windowless basement of the hospital where I lay for 24 hours until I was ready to push. Molly was born with forceps, and I was left with an excruciating spinal headache that persisted for two weeks. My natural, independent, and rebellious nature didn't return for many months. But there was this core inside me that was not going to let any patriarchal system tell me or my daughter what to do. It was slowly over the next year, when I was a nursing mom wearing my baby in a rebozo against my body and sleeping with her at my side, doing everything I could to calm her colicky crying each afternoon, that something slowly awoke inside me. It was like a little shoot of a green plant coming up through cement.

I began to want to know what happened to me. I became interested in what was going on in childbirth for other women and wondered why so many of the women I talked to had disappointing or deeply upsetting experiences while giving birth. I wanted to know what made the women who were having their babies at home different. I was going to find out, and I was going to write articles for the local newspaper, *The Pacific Sun*. My thrust was outward, directed action—but *really* it was all about me, of course. It's always about ourselves, isn't it?

Zwelling: When *Immaculate Deception* was published in 1975, it was quite an exposé. What kind of reaction did you get?

Arms: It hit like a lightning rod! I got unbelievable reactions from people. All I thought I was doing was writing a book that needed to be written, because I was sure the world would really like to hear what was going on in birth. And I felt that if everybody knew the "truth" about birth, they would change their minds and birth would be different. What I discovered was that women were carrying around this incredible, suppressed rage

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about what had happened to them in birth and the book was a lightning rod for it. It pulled that rage that was latent and ready to surface right out of them, and I simply woke them up to it.

And the doctors who were unwittingly perpetrating violence against women and babies were instantly enraged. Unfortunately, the doctors who were doing their best to help and support women with natural birth took everything I said personally, as if it were aimed at them. And I was never criticizing anyone personally. I was challenging the system.

I would get letters from women who said that their doctor wrote down in the chart, "Has read *Immaculate Deception*. Beware!" People would stop me and say, "The moment I mentioned *Immaculate Deception*, my doctor didn't want to have anything to do with me." In fact, when I was attending a birth conference in the late 1970s, I saw a physician who had just finished his groundbreaking study proving that electronic fetal monitoring had absolutely no value in improving infant outcomes. He was the darling of the birth movement because he'd had the courage to publish these findings and was a speaker at the conference. I was the "queen" of the birth movement, I suppose . . . at least, the woman with the big mouth. I was riding up the escalator in the hotel and he was going down the escalator. As we were nearing each other I said, "Doctor, thank you for your work!" He looked at me and he said, "Suzanne Arms, you have destroyed women's trust in doctors!" He yelled it! And of course, at that time in my life, I was still easily subject to shame. So it was a real painful thing to have written this book and, then, go into shame every time people expressed outrage at me.

I instantly became radicalized when I first went on television the month *Immaculate Deception* was released, in May 1975. Suddenly, I discovered that I was a feminist. I had read Germaine Greer's *Female Eunuch* while living in Stinson Beach, but had never joined a consciousness-raising group or thought of myself as a feminist. Because I had no professional degrees behind my name, I had no authority in the eyes of television producers or hosts. I was treated terribly! When I did *The Today Show* with Barbara Walters, she asked me, "Who are you?" as we walked onstage while she carried my book in her hand! I said, "I'm your next guest." So I was terrified. I went and stood on the spot they had told me to stand on. It was obvious she didn't really

want to interview me, that she did not feel enthusiastic about either me or the subject of my book. I later learned she had never given birth, but had adopted her daughter.

In 1975, I was in Washington, D.C., to be on *The Morning Show*. At this time, they always set these shows up as a debate: me against the American College of OB/GYN. They had—unknown to me, but which was typical of all the interviews—brought in a prestigious OB physician. The way we were interviewed told it all: “Well, hello folks. So glad to see you again. We have an interesting topic this morning: childbirth. I’d like to introduce a well-respected guest we’ve had on our show many times: the chairman of the Department of OB/GYN at Johns Hopkins University.” Clap, clap, clap, applause. “And on my right, we have an angry young mother, Suzanne Arms.” As if that wasn’t bad enough, it became clear halfway through the interview that they didn’t intend to allow me to talk about either the book or what was wrong with the American way of birth. The host made sure that the physician had more time than I did—it was a real inside job. So at the commercial break, I stood up and said, “If I don’t have equal time, I’m not coming back.” Unfortunately, the cameras had already been turned off. The cameraman, whose wife had just recently had a baby, came up and shook my hand.

But that’s the kind of thing that I dealt with. It was painful to me because I was still a girl looking for approval and wondering why no one wanted to know the truth!

Zwelling: So you hadn’t anticipated that kind of a reaction?

Arms: I had no idea. I thought that this book was going to be well received and that people would love me for disclosing what was going on behind the closed doors of hospital obstetric units. When I wrote the sequel, *Immaculate Deception II* (Arms, 1994, revised 1997), a lot of people were disappointed that the book wasn’t “angry like the first one.” Frankly, I didn’t think *Immaculate Deception* was an angry book, although I wrote it in fits and starts in the white heat of passion. It poured out of me like vomit.

The process of writing the book was interesting. Every time I planned a three- or four-hour time block to write and arranged childcare for Molly, I would fall into this narcotized state the moment I was alone with the typewriter. I literally could not keep my eyes open and would have to set my alarm for an hour and allow my body

to go to sleep. When the alarm went off, in order to force myself awake, I would leap out of bed and throw myself at the typewriter. Sometimes I would sit in a state of shock, unable to write a word until I forced myself to write gibberish. That would start the flow. This narcotized state would come over me every single time I would begin writing. I had no idea that what was happening was that I was reliving the narcotic-induced stupor of my mother’s labor with me, combined with my father’s injunctions while sexually abusing me—that I would be sorry if I ever told anyone what was happening. I was caught in a bind because my psyche knew that what I was writing about was a truth that no one wanted told. And I think that’s still true. The culture at large still doesn’t want to know the truth about birth and its significance in our lives.

Zwelling: Where do you think we stand today in 2002 in American obstetrics in contrast to 1975 when you wrote *Immaculate Deception*? Are people any more aware?

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Arms: First of all, I don’t think you can ever look at childbirth apart from the culture as a whole. Apart from the birthing woman’s culture, the politics and the social conditions of the time are always significant. You cannot work at a woman’s birth without looking at her culture, and you can’t understand the history of a social movement without looking both at the culture and its roots and the unique time and place they occupy in history.

When I gave birth, America was just breaking free from long-term sexual repression and the suppression of women’s spirit and feminine-based knowledge, which is primarily an oral, hands-on tradition. But the effects of our culture’s Puritanical roots, followed by a Victorian revulsion of the body—*especially* the female body—still had their grip on North American culture, especially the United States. In addition, we had the unacknowledged and unhealed traumas of World War I, World War II, and the Korean War prior to the situation in Vietnam. Their impact on veterans and their family relationships

was enormous, but unnamed. As a culture, we were then hit by McCarthyism in the early 1950s, which suppressed liberal thinking and created widespread fear of all kinds of dissent. Right along with it, of course, came the combined terror of Communism and nuclear war. I was steeped in all of that.

When I was coming into adulthood, the 1960s civil rights movement and the music revolution shook people awake. The words and sounds of Bob Dylan and the Beatles were immediately followed by a psychedelic drug experimentation that literally blew the lid off the young people in this culture. This was the cultural climate in which I “dropped out,” became a political activist, and then gave birth and wrote *Immaculate Deception*. There was the sense that the culture had to—and would—change in profound ways. There was an idealism that carried through even into the late 1970s and the early years of the environmental and antinuclear movements and the Nestlé Boycott to stop the worldwide marketing of infant formula.

It was a unique moment in time. We have yet to regain the vision, the idealism, or the optimism of that time. The innocence probably will never return, and shouldn’t. We know too much about the state of the world, now. In order to make the changes that have to happen, we must have our eyes wide open. The challenge is to be sober, to keep our faith in the possibility of change, and to do what must be done.

In the early 1970s, when I was writing *Immaculate Deception*, American involvement in the Vietnam War was being forced to a close by many of the same youth who embraced the back-to-the-earth, anti-establishment movement combined with long-term Quaker and other mature activists. My nonviolent roots came from the Quakers I worked with and from being a draft counselor. That war provoked many of us to take to the streets and to improvise ways to awaken society and make it better.

Where we are now in our history is an extremely dangerous place because of the enormous number and extent of the problems we humans have created for this planet. At the very time when we cannot wait for change, we are faced with an unprecedented corporate takeover of the world and a displacement of energy away from the crisis of global poverty, injustice, and disease—especially among women and children—and toward a so-called “War on Terrorism.” Everything is lined up to tell people

As a single mother, Suzanne Arms often took her daughter Molly to speaking engagements and other activities. At the time of this photo, Suzanne and Molly (7) were living in Palo Alto, California, where Suzanne spearheaded the creation of two free-standing birth centers in the area. (Photo by Kathy J. Thormod.)

they’re suspect if they question either our government or corporate policies. This pervasive cultural gridlock affects birthing women who are already being pounded by the total takeover of hospital birth along the lines of control, management, and technological intervention.

Complacency and numbness have been brewing for many years. I call it part of the “post-traumatic shock syndrome.” It’s a kind of glazed-over expression. You talk to a woman and you try and get a serious conversation going about birth and, suddenly, the conversation goes dead. Eyes glaze over and people rush to change the subject. In 1975, what you got was a serious debate—both from feminists who wanted women to have epidurals and the right to bottle-feed and put babies in daycare because it freed women to empower themselves by going back to work, and from other women who really believed that we were doing something terrible to Nature, our bodies, and our babies by following the medical model for birth. But today, you can’t even get a discussion. What

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I get from a conversation with a pregnant woman—at the dinner table, at the grocery store, or wherever else I raise it—is a wall. I say, “Oh, you’re pregnant! Gosh, you look great. When are you due?” She replies, “Oh, you know . . .” and she gives you a date. I say, “Fantastic! Are you planning to have a midwife at your birth? Or are you going to birth at home?” And the answer I get is “No, I’m having a cesarean.” This is said in one of two tones of voice. It’s either “What’s the big deal? Cesarean is normal birth and my doctor says I need it” or “How dare you even break through my numbness to question me!” It’s a conversation stopper—you’re supposed to stop there. Nobody really wants to be challenged and nobody wants to have anybody question her “right” to be ignorant in matters of birth.

Zwelling: So it’s unanimous, passive acceptance?

Arms: It’s nearly unanimous, passive acceptance. I could get real angry at my sister-women if I didn’t recognize that this is a process of socialization that comes from a long history of painful abuse of women in birth, of suppressing women and keeping women ignorant and in fear of their own bodies that results in women disenfranchising themselves and failing to realize that their babies are bearing the brunt of it. It’s part of our century-long heritage of a tremendous fear of birth, culminating in the belief that it’s impossible and unnecessary for a woman to give birth naturally. Today, the mindset of “It’s impossible for a woman to get through birth without drugs or surgery” has been largely replaced by “Why would anybody even *want* to give birth if they can avoid it?” And the women who do want to give birth naturally, without drugs or surgery, have to fight tooth and nail for it again, especially if they want to give birth at home, and for any reason end up in the hospital. There’s still little support for birth centers around the country and a high transport rate from birth centers and home births.

Zwelling: Do you ever feel discouraged?

Arms: I feel very discouraged. However, I feel very encouraged for the long haul, because there’s no way this culture can survive without a profound shift in many aspects of life, including birth. And that shift has to be fundamental—radical, in the true sense of the word, which means “getting back to the roots.” In the short term, I expect the cesarean rate to go up to 30% within a year. This will be the result from everything that we’re doing to discourage vaginal birth after cesarean and to promote induction of labor and the use of drugs, epidur-

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als, vacuum extraction, surgery, etcetera. It’s a bitter irony that obstetricians and anesthesiologists are now claiming to be the champions of birthing women by “supporting women’s right to choose” epidurals at any stage of labor or to plan a cesarean. It’s an outrage that many are promoting these interventions with no mention of the numerous and serious risks involved for both women and babies. It’s like, who’s kidding who? *You’re* the champions? If you’re the champions, we’re in real trouble. So, I’m very discouraged. And I’m discouraged by the passivity of the public as well.

Zwelling: So what do you think will turn it around? You said that right now, you’re discouraged—but for the long-term, in the future, you’re encouraged?

Arms: Something that appears negative, but which I feel we can use in a positive way, is that young women and the general public are hungry for images about birth. They’re tuning into every TV show they can that features birth. On the surface, this is a result of the mass love affair with catastrophe shows combined with “reality TV.” But underneath that, it shows a deep need to see and know about birth.

The problem is that shows like *A Baby Story* and *Maternity Ward* [both on The Learning Channel] fuel people’s fears and often trigger their unconscious and unhealed birth trauma. So the culture is testing this thing they know nothing about—that they don’t want to know about—but they feel compelled to explore. I often wonder if the American College of OB/GYN and the American College of Anesthesiologists are behind the promotion of these stories. They certainly want to make sure women go back to being docile and accepting, and frightening them is the best way to accomplish this unspoken agenda. There’s almost never a normal birth on those shows. I am reminded of the time back in the late-1970s when the American College of OB/GYN began spouting the phrase, “No birth is normal except in retrospect.” It was intended to frighten the public, and I

believe it was intended to keep white, middle-class women in line and make sure they did not choose to go to midwives or have home births. Basically, that is the paradigm we're still operating under today.

Perhaps the most important thing today, though, is that whether we are encouraged or discouraged, we cultivate and actively practice a sense of hope and patience. Second in importance is that we regularly gather with others and share our hope and optimism. It's also important to have a place to express our indignation and our passion for change. And I believe we do ourselves and each other a disservice if we merely unload bad stories and hopelessness on each other. Rather, we have to create containers to speak our truth in a way that is healing. To me, the best way to do this seems to be to create circles of women and men—and women alone—that are sacred, that hold the vision and the pain in a sacred way. Tribal wisdom from Native American, African, and other cultures have much to teach us in how to do this. I recommend that everyone read a beautiful, slender book by Subonfu Some of Bourkina Faso, West Africa, called *Welcoming Spirit Home* (1999). It is full of wisdom and ritual about childbearing, healing, and community.

Zwelling: Tell us about your organization, "Birthing the Future."

Arms: My organization is a small, visionary business for the promotion of social change. We create products that transmit ideas that will challenge the prevailing beliefs about modern childbirth and touch people in some deep place that still exists in them, where they are touched and moved by something authentic. That's what I'm trying to do. I don't think you can wipe out the yearning to live authentically, which means living close to our natural selves. If I can touch people deeply enough and also answer some of their burning questions, perhaps I can rekindle a yearning for all that birth can be and a desire to engage in this process called *birth*—for the benefit of ourselves, our children, and the species. Certainly the ability to create nonviolent societies is linked with our ability to bring people into the world in a nonviolent fashion.

Zwelling: That's a wonderful mission.

Arms: It's a crazy mission! It's the wild, idealistic notion that the world can change because some of us care enough and won't give up. The facts are there. In the last 20 years, we have obtained sufficient scientific and

clinical evidence that we don't need to feel defensive about the positions we hold with regard to natural childbirth: never separating mothers and babies immediately after birth, allowing extended breastfeeding, sleeping with babies, wearing babies, creating intensive care units that care for the mother and baby as a dyad, and restructuring workplaces to support mother/infant bonding and development. The evidence is being gathered; it isn't all in one place, yet. I'm talking about the biological evidence as well as psychosexual and spiritual dimensions of birthing. We're in a steep learning-curve period right now, but we have enough evidence to be able to state very clearly what the real needs of mothers and babies are and, therefore, what belief systems and policies need to change.

This evidence was appearing as early as the mid-1970s, not only across the spectrum of medical literature, but also in anthropology, sociology, and psychology literature as well. But it's never been gathered together in one place. And whenever women go to the effort to pull it together and analyze it—just as Henci Goer has done in her two books (1995; 1999), synthesizing evidence surrounding birth—they are ignored or marginalized by those who hold the power: hospitals, insurance companies, HMOs, and most doctors.

Back in the 1970s, we had to go to great effort to find all the competent studies that showed, for example, that a mother's body was as effective as a neonatal warming unit—which is basically a toaster oven—at keeping a newborn's body sufficiently warm.

There was no organizing of data according to quality standards; doctors would frequently quote shoddy research if forced to support their position. Now we have evaluating groups, such as the Cochran Database, and a way of evaluating research to know what good research is.

We had to work really hard! Up until the mid-1970s, there was a concerted effort to keep all "lay people" out of medical and other professional research libraries. The way a lot of our energy was deflected in those days was that we were told by the medical establishment, "Now, don't worry your pretty little heads about this. We're the ones that went to medical school." Then we'd say, "Where is the evidence that shows that a mother's body is not as warm as this warmer for the baby? Or that the baby should be separated from the mother?" And they'd say, "You go find the evidence." The unspoken statement

was, “We don’t have to prove it. We can do whatever we want—we already have the power.”

I can remember a mother’s club in California where the women spent months putting together pages of evidence proving the harm caused by the routine application of silver nitrate drops in babies eyes, in separating mothers and babies after birth, in cutting the cord immediately—all of it! They compiled a solid, 300-page document with all the scientific references and laid it on the desk of the hospital pediatric unit. Basically, what they were told was, “Oh, that’s nice,” and were sent on their way. These women, unpaid, had voluntarily created the beginning of what became the Cochran Database. Today, we have a gold standard for what “good research” is. But these women never got the credit for their work and the changes still aren’t being made.

Zwelling: Where are you going with this passion you have and your mission with what you’re doing? What are you doing in your travels? Who are you talking to today?

Arms: I decided to get deeply involved in a couple of organizations. One was what became known as the Coalition for Improving Maternity Services [CIMS]. I truly believe that grassroots movements can be successful. You shouldn’t wait for a government or a group of other so-called “experts” to come up with what is good evidence and to create a system. You can do it from the grassroots, if you put the right people together.

Zwelling: So, you’re part of CIMS?

Arms: I was a founding member of the CIMS board as it expanded beyond childbirth-educator groups. I continue to participate in some of the CIMS board meetings, but my most intense involvement is always at the beginning of things. For example, I felt that, through a combination of the carrot and the stick, we could nudge hospitals in the direction of becoming better institutions by creating a designation process that would hold them to strict standards supported by evidence. Today, this is what CIMS has begun to do. In February of 2002, we gave out our first Mother-Friendly Awards, one to a small hospital in Oregon and one to a freestanding birth center in Taos, New Mexico.

I felt that CIMS could be much more than a childbirth education movement if we brought in midwifery, pre- and perinatal psychology, and all the other professions that impact childbearing women and their babies. That is what CIMS has become. However, CIMS is woman-

centered. It hasn’t made the mother-baby pair a primary focus. I and another member of the CIMS board, Jack Travis, MD, (who started the “wellness movement”) wanted to go deeper and broader and include psychological and spiritual dimensions of birthing, childrearing, and child-family development. We wanted to see a group focused on optimal practices that would encourage flourishing, nonviolent societies. So I encouraged Jack to begin another organization that is now called the Alliance for Transforming the Lives of Children (aTLC). Just as CIMS incorporated the important baby-friendly initiative on breastfeeding as one of its 10 core points, aTLC incorporates the entire 10 points of CIMS as part of its principles. This is an example of how groups can build on each other to further social change. That’s really where the juice is for me—people building upon each other’s good work.

The core of my interest in birth is nonviolence and the prevention and healing of trauma.

The core of my interest in birth is nonviolence and the prevention and healing of trauma. I say that with all humility because I am a woman who carries an enormous charge of outrage and could be pushed to judge and lash out. I still believe in nonviolence. I practice meditation—notice the operative word is *practice*. I’m working really hard to become a patient, nonjudgmental person and a person who accepts the world as it is and trusts that, in the big picture, all will be well despite how awful so much of the world’s situation appears to be. My frustration comes from being a dreamer who knows that the world we’re living in is nothing like what it could be. I see birth as fundamental to ecology, social justice, the rights of women, and compassionate childrearing.

Zwelling: What are your current projects?

Arms: I’m working on a three-part television series called *A Hundred Years of Birth*. It’s a coproduction of my company, Birthing the Future, and *The Living Century*, an independent documentary series by filmmaker Christopher Carson. What Chris and I are trying to do is tap into the interest that Americans now have in looking at our nation’s and our own individual history. We are using history as the lens to focus attention on

Today, Suzanne Arms continues her endeavors as author, visionary, photojournalist, and documentary filmmaker. More information is available from her organization, *Birthing the Future*, which is located in Durango, Colorado (telephone, 970-884-9141; Web site, www.BirthingTheFuture.com).

the ecological, biological, spiritual, and psychological dimensions of birth and on the economics and politics that have shaped our country's approach to birth.

I believe that birth remains the last unaddressed social, economic, and political issue. This is surprising, considering the significance it has in each of our lives. We've opened up the subject of death and have done some real movement in transforming the paradigm for death and dying from a mechanical fear-based event towards acknowledgement of death as a meaningful phase in our development, with great spiritual and psychological significance. But the paradigm for birth and birthing remains a mechanistic one. Based in Newtonian physics, which should have been discarded back in the 1920s when we discovered that it was an inaccurate view of life, our entire modern approach to birth is that the body—of both the mother and the baby—is simply a

bunch of parts. The body is seen as little more than a machine, like a lawn mower. You can take it apart, fix or replace parts, and put it back together and it'll be exactly the same as it was before. In most of medicine, we've come to the point of realizing that all of our body systems are interconnected and interdependent and that intervening in one can create a whole series of disruptions in normal functioning. Not so, with the medical approach to birth. This is tragic, because it guts women; it disembowels women right in what biologically is meant to be our most creative and powerful place and, therefore, the place of greatest vulnerability.

This TV series will inspire as well as inform people about what is possible in birth supported by current scientific knowledge. It's also going to show where we have come from and what must change. We will feature interviews with men and women of all ages, all across the country, who have experienced birth and worked in this field as far back as the 1930s. To go back even further than that, we will rely upon film footage and historical documents that show cultural trends and misconceptions and the enormous disservice done to millions of childbearing women and babies in the name of "helping" them.

Zwelling: What's the timeframe for your TV special? When do you think this project will be done?

Arms: We began work in the summer of 2001 and hope to air it around Mother's Day 2003. I intend to have this series encapsulate all of the major issues and allow us, in the future, to break out into some of the separate issues. This television series is meant for the viewing public in the United States, but it will include a larger cross-cultural context, without which Americans can't understand that our country's birth attitudes are bizarre. We hope to do separate, fuller pieces on subjects such as midwifery and medicine, birth as an ecological issue, and drugs and birth. We also plan to examine the relationship between birth and the near-epidemic proportion of children suffering from serious behavioral, learning, and emotional problems—something few people are talking about. We've raised about one-third of the money, about \$300,000. But television is very expensive, especially when you're trying to weave a complex story using interviews, film footage, clips from TV and movies, historical documents, live birth footage, and music.

I know it's possible to get people fascinated with exploring their own beginnings in relationship to their cur-

rent relational and health patterns. Why are so many of us plagued with self-doubt and, in many cases, self-hatred? Why do so many of us live with such feelings of loneliness and despair? And, or course, why do most women enter childbearing with the expectation that natural childbirth and full breastfeeding are not for them?

So, the question is how to create a television show that will capture and hold the attention of a television audience that likes to change the channel every 20 seconds. First, we must edit this for television in such a way that it is so compelling that people can't tear themselves away from it. We want people to leave the first evening calling so many of their friends and family members that the audience for the next night is unprecedented!

At the end of the day, we really want nothing less than a program that will spark the national debate that will begin to shift the paradigm of birth in this country. So, that's what I'm working on. And I'm working on it with wonderful people who are better than I am in thinking visually and thinking in terms of layering and texturing and music. It's really a collaborative effort.

Zwelling: In view of everything we've talked about, what do you feel childbirth educators should be teaching today to parents who are most often coming to hospital-based childbirth classes and who primarily receive information about the technologies available to them to make their births pain- and effort-free?

Arms: I think the first thing is that those of us in birth education must take our responsibility far more seriously. We have to recognize that the role we could potentially play in this culture is nothing less than transformative. Pregnancy may be the only time in a woman's life where she actually allows herself to feel the vulnerability that is a biological component of childbearing and, therefore, to seek education and help. So this window of opportunity offers childbirth educators the possibility

of creating classes, workshops, and public events that will not only inspire men and women to look forward to labor, but also give them tools they can use during stressful times in parenting and in all their relationships. An essential piece of this is giving them enough of the big picture that they leave with an understanding of why birth matters, what we have lost as well as gained through technological advances in childbirth, and a sense of the psychological, spiritual, and sexual dimensions of giving birth. In addition, I think childbirth educators must take responsibility for helping people name and address the fear they carry, to help them understand that this fear has been planted in them by a culture and by a set of historical circumstances and family lineage—that it is *not* a product of the birth process itself, rather it is a direct result of family and cultural circumstances. We also ought to assist them in finding ways to release that fear so they can be empowered and make conscious choices *before* they go into labor. This deeply-imbedded fear of birth is not their fault, but it has to be treated as if it's toxic, because it really is.

That's really the issue in birth: fear. And the antidote to this fear is not knowledge. The true antidote is confidence and trust, curiosity and respect for the mystery, and a willingness to labor.

I don't think we've demanded enough of ourselves as birth educators. I'm so sick of people thinking they have to "dumb down" complex subjects in order to reach the public. I'm also sick of hearing people have such low expectations of the men and women—including teenagers—who are going to be parents. Let me give you an example of how I think education can show respect for people's various needs and situations and, at the same time, inspire, inform, and truly draw out people's deepest potential. I come from a background of an English teacher who was in love with language and loved Shakespeare. She believed that kids with an 80 IQ could learn Shakespeare in the original and could even learn to memorize it and do skits and plays. And you know what? They did. She never "dumbed anything down" and, consequently, her students rose to the challenge.

I am also dismayed that we continue to offer and support interventions such as routine use of drugs in labor and bottle-feeding as if they are choices that have no serious consequences. In fact, both of those should be reserved for only the most extreme circumstances because they are not in the best interest of the individual

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mothers and babies, their relationship, or the species. However, if we are going to remove these from the list of choices, we then have to offer alternatives that are safe and effective and *do* support maternal/infant development, as well as their long-term health and welfare. Just like returning to work immediately after birth and putting an infant in fulltime daycare, these interventions should be presented as last resorts to be used only when nothing else will work. So many safe and effective alternatives exist—or could be developed, in the case of building parent/child-friendly workplaces—that it is just a crime to resort directly to options that don't best serve parents and babies. There's a whole list of practices that I believe should not be done under any circumstances: induction of labor for postdates or supposed CPD [cephalopelvic disproportion] or "large baby"; the use of pharmaceutical drugs, such as Cytotec, that are known to have extremely serious complications; and completely unnecessary surgeries, such as scheduled cesareans and circumcision. They ought to be done away with, along with well-baby nurseries. Childbirth educators perpetuate these practices when they talk about them as "options."

I also want to see childbirth talked about as a sexual process, with all that entails as far as choosing where you will give birth and who will be there with you. Could you imagine sharing a juicy kiss with your partner or stimulating your clitoris during labor to strengthen contractions and reduce pain in front of the doctor or midwife you're currently planning to birth with? If you can't, that person is probably not somebody you really want to have present at your labor. If you can't let go, your body can't work.

In addition, I think it's a terrible, terrible betrayal of our children to routinely put them through the process of birth in a way that diminishes or compromises the integrity of their nervous system and brain, frightens them, makes them anxious, makes them insecure, causes them not to trust themselves with their mother, and, frankly, drugs them. First, you should try singing to the woman, putting her in warm water, rubbing her feet, using homeopathy or acupuncture or a chiropractic adjustment or whatever. Then at the very end of the line, if nothing else works, you turn to drugs and surgery. After you turn to drugs and surgery, you let people know that their body is not the same now and that they need to heal from the impact of these interventions. You let

them know that their baby may need additional care in order to heal from a traumatic birth, and you give them the necessary tools to use to help their child do that. Don't pretend that it's all the same. I'm so tired of women being lied to.

So, I think the role that childbirth educators have is an enormous role—that is, if we take ourselves seriously, if we stop working for other people and getting paid by hospitals and doctors, and if we go out independently and align ourselves with other independent educators and advertise as a group and decide that we have the power to help shift this society off of the terrible place that we find ourselves. I love birth education, but it is not a matter of imparting a few pieces of information. Every birth educator has innate strengths and weaknesses in terms of his or her personality, natural teaching style, background, experiences, and even fears. We need to train educators and then support each other in working with our best natural talents and collaborating to fill in each other's gaps. I think it's critical that anyone involved in birth education—including midwives, doctors, and nurses—do work on their own psyche, revisit their own birth and the births of their children, and engage in ongoing healing work. It is possible to be an effective teacher even while you carry unhealed wounds, but it is risky because you're likely to pass on unconsciously your own fears and judgments and level of denial to those you're teaching unless you've begun the process of inner work. I also think it's important for birth educators to do some sort of spiritual practice that keeps them hopeful and compassionate and trusting in the process of birth and living. But I also think there's nothing wrong with a sense of indignation about what needs to change. The challenge is how to carry that without dumping it on the people you're working with—that's something you need to work on separately. I think educators need to develop sacred circles with other educators on a regular basis to nourish themselves, to have a place to bring their frustration and despair, and to build community. I'm going around the country seeding these circles wherever I can because I think they're so important at this time in history.

They've got us thinking that birth's about safety and pain. Is life about safety? I don't think so. One of the primary things that must shift is where we place our attention in birth. This culture has bought the notion that everything in life is about safety and getting rid of

discomfort and pain. There are two things: One, you can never eliminate all risks. There will always be some babies that die during this journey and even some mothers as well. The second is that in the effort to eliminate all risk, you usually create a different set of risks. For example, there is always the small risk of a woman hemorrhaging and both she and her baby dying from placenta previa. That risk increases the farther she is from emergency first aid (ambulance, helicopter, hospital, doctors). Does that mean that no woman should be permitted to birth more than a 20-minute drive (in traffic) from the nearest high-risk hospital? In fact, from the biggest high-risk hospital that you can find? Another extension is this: Should every woman be required to have scans to show whether her placenta is low-lying? Should we then treat all low-lying placentas as previas and have those women spend their pregnancies in the hospital and give birth by cesarean section before she reaches full term? If we do either or both of these, we automatically introduce new risks: potential car accidents or disease from living in congested, polluted urban areas; possible infection from spending many weeks in a hospital; adverse drug reactions, hemorrhage, and respiratory problems for the baby from a scheduled C-section; and babies being taken from their mothers' bodies too early . . . not to mention the increased risks of many long-term problems in the mother's health. We also deny the mother and baby the many benefits of going about their daily lives during pregnancy and having a physiologically normal childbirth. In fact, simply implying that every low-lying placenta is a previa and treating it that way will increase complications in birth. So, the issue of "How safe is safe?" is complicated because what we really ought to be talking about is *reasonable* safety and *reasonable* skill and competence on the part of practitioners. And all this presupposes that we've educated women and men that natural birth (a.k.a., physiologically normal birth) even *has* important functions that cannot be duplicated by any other form of birth. It also presupposes that they understand that interventions in normal birth carry the risk of trauma to the mother and baby, as well as complicating the birth process.

The argument about birth has been positioned as an argument about safety in order to frighten women into being docile patients. It isn't even about guaranteeing safety, as we are told it is. It's about control of one group of people by another. It's about some groups of people

making enormous amounts of money off the interventions. And it's about maintaining the status quo. A great deal of effort is put into all of these! So, when women and men hear the word "safety," we want them to be educated enough to really listen to what's being said, to be able to put "safety" in its appropriate place, and to evaluate whose "safety" and comfort is actually being protected.

I think to be considered an educator, a real teacher, is one of the most important roles in a society. There aren't yet enough birth educators who live up to their potential, partly because they're made to feel afraid. Everybody in this system, in childbearing today, is made to feel afraid. We can and must inspire each other, if we dare. I want to challenge people to find out what natural birth can be. I say this with some humility, because I am someone who never got to experience natural birth in any of its dimensions, who missed it and who mourns it and who may spend her life helping other people find it, having never had the chance herself. There's a certain amount of envy I carry and a certain amount of healing both my daughter and I still have to do around the experiences of her birth. I consider that work to be as important as any other work I do for others.

One of the things we often hear in childbirth circles from people who have experienced disappointment or trauma themselves is the notion that we can heal ourselves by making things better for other people. This is only partly true. Ultimately, we must work on ourselves in order to live our lives to their fullest, as well as to do the best work we are able to do. Service to others can't be done in place of your own self-healing. But this doesn't mean you have to be totally healed before you can begin the work, if you feel called to it. Healing and education are both processes. There's a lot we can each contribute to and benefit from along the way. Education is interactive.

I'm very excited about a number of progressive changes in childbirth education that really hold a lot of promise. First, the transformation of Lamaze International at the organizational level from a group that supported or acquiesced to physician and hospital routines and dismissed home birth as "fringe" to an organization actively informing childbearing women and men that home birth and birth in out-of-hospital birth centers are safe options for most women. Now, the challenge for Lamaze International is to get its membership in line with

this progressive thinking. Another is childbirth education groups such as ALACE [Association of Labor Assistants and Childbirth Educators] and Birthworks—the childbirth education groups that involve psychological, spiritual, and sexual dimensions of birth—and Hypno-Birthing and Birthing From Within, which offer specific approaches that can shift the focus away from fear and suffering toward pleasure and joy. The other thing is the doula movement—that is so hopeful! I’m also so encouraged when professionals like Marshall Klaus come right out and advocate to closing down things like well-baby nurseries.

The terrain that we’re operating on—childbirth—is the breeding ground for everything. It is potentially the most amazing, most mysterious, powerful, unbelievable rite of passage in the world. It is by its very nature this incredible, complex, paradoxical, magical challenge! The difficulty is to expose people whose minds have been closed down and who’ve had a lot of fear planted in them to the big world and open them up again. And that’s what you’re trying to do. I would love to have Lamaze International childbirth educators visit my Web site, www.birthingthefuture.com. I’m happy to answer any questions. I also would like to have educators see my film, *Giving Birth: Challenges and Choices* (Arms,

1998). It really has transformed a lot of people in their birth classes when it’s shown, because they never think the same after they see it.

Zwelling: Thank you, Suzanne! I really appreciate your willingness to talk with me and to be interviewed for this article. You certainly have and continue to make an impact in the area of birthing.

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Report Documents Mothers’ Perspectives on Maternity

“Listening to Mothers: Report of the First National U.S. Survey of Women’s Childbearing Experiences” presents information on women’s attitudes, feelings, and knowledge about aspects of their maternity experiences.

Between May 15 and June 16, 2002, Harris Interactive, in collaboration with the Maternity Center Association (MCA), interviewed 136 mothers using a telephone survey and an additional 1,447 mothers using an online version of the survey. All the mothers had given birth to a single baby during the 24 months preceding the survey. The survey provided data from which a national profile of childbearing women was developed. Key findings from the survey and associated recommendations are presented in this report.

MCA plans to repeat the survey at periodic intervals to monitor trends over time and to carry out a national media campaign to help ensure that survey results reach a large audience of health professionals, policymakers, the general public, and women in general. The executive summary and recommendations issued by MCA, together with the full report and questionnaire, are available on the Maternity Wise Web site at www.maternitywise.org.