

A Montessori Birth

By Mercedes Paine Castle

I have a dirty little secret. I don't often reveal it to my Montessori colleagues: I am an attachment parent. That's right. I read *Mothering Magazine*. I co-sleep. I nurse on demand. I wear my baby in a sling, and my baby was born into water under the close supervision of experienced midwives.

A superficial look at each philosophy would place attachment parenting and Montessori parenting at odds. But I have spent considerable time comparing the two, and find many similarities.

Common to both are the idea that independence can only come from a loving and secure attachment to a caring adult. The attachment-parenting model of childbirth is that a birth, free from medical intervention and preferably in one's own home most ideally meets the needs a woman with a low risk pregnancy and her baby. When we examine the midwife model of care in comparison to Montessori philosophy, we find them complementary.

Babies know how to be born

In the final eight weeks of pre-natal development the baby in utero begins to prepare for the journey to the world. Preparations for a land based environment include storing fat beneath the skin. The body 'knows' that the temperature in the new environment will not be regulated as it has been in the womb. The child begins to store iron, because breast milk is lacking in iron. The child accumulates anti-bodies in preparation for defense against many viruses and germs. The child changes position, and rotates downward, to become oriented to the birth canal, and fetal movements become stronger as the child grows rapidly, the child is communicating already – alerting their family to an imminent arrival. Finally, the fetal sleep patterns regulate to more closely resemble the diurnal pattern of the mother.

A woman's body is made to give birth

As the birth process begins, a woman's body 'knows' what to do. Contractions begin to dilate and efface the cervix, which is aided by the pressure of the baby's head. Once the cervix is dilated, the powerful muscles of the uterus squeeze and massage the child down the birth canal.

It is essential that the mother respond to the contractions, working with her body, being present for her baby. Her child is alone in its passage through the birth canal, however "it is not the difficulties the child encounters in the birth-passage but the way the child confronts them that is important. When supported by the mother and helped by her, the new human being has all the strength needed to perform good work; work that will open up a better possibility for development later on." (Montanaro, 1991)

So often, women do not work with their bodies; they feel that they can't do it or that they won't be able to stand the pain. Even those who go into birth with the intention of refusing the epidural are worn down, by constant pressure of the nurses and doctors. Or perhaps a woman is afraid or just uncomfortable in her surroundings. When this happens, medical intervention becomes a necessity.

When we look at the cultural perception of childbirth, it is not difficult to understand why the current rate of Cesarean section is over 26 percent (Mothering Magazine, March/April 2004). Our media portrays birth as humorous, or incredibly painful often times with 'heroic' medical intervention. A US national survey of birth practices revealed that 93 percent of women had electronic fetal monitoring, 86 percent had intravenous fluid administered through blood vessels in their arms, 55 percent had their amniotic sac membranes artificially ruptured, 53 percent had Pitocin to strengthen contractions, and 63 percent had epidurals for pain relief. (Mothering Magazine, March/April 2004)

In the United States, we expect birth to be painful; we are taught to mistrust the innate wisdom and power of our own bodies. The event of giving birth, which once took place almost exclusively in the home, under the supervision of experienced and skilled midwives now occurs most often in a hospital. It is no wonder that women cannot relax into labor when they are surrounded by strangers, prohibited from eating, or drinking, made to lie down, strapped to a monitor or IV.

Montessori, being a medical doctor by training, anticipated the increased medicalization of birth. In *The Absorbent Mind*, Maria Montessori suggests there be someone present during birth to help in this situation, and she calls this person an "Assistant to Infancy".

"Anticipating by many years the change of attitude in today's maternity hospitals, this scientist wrote about the 'social importance' of providing this assistance in order to avoid turning the natural passage of birth into a damaging stage of life." (Montanaro, 1991)

The child's first impressions

"It is extremely important with newborns immediately after birth to respect, as much as possible, the continuation of the basic points of reference. Everyone present in the delivery room or dealing with the newborn should be aware of these special requirements. If we forget to take such important aspects of birth into consideration we may induce physical and psychological pathologies." (Montanaro, 1991)

The period after birth is a time for the mother and child to meet face to face; for the newborn to gain perspective through his mother's familiar voice, her heartbeat, and the taste of her milk. When a baby is born at home, or in a birthing center, his fragile eyes are welcomed with soft light. His extremely sensitive skin is not rubbed with a towel, but instead he is placed skin-to-skin with his mother, and gently covered with a blanket. The waxy vernix that has protected him in the womb absorbs into his skin, disappearing and creating a healthy glow. His weight, height, and vitals are not taken until the mother and child, and then the family unit has had a time to bond, connect, and allow the infant to

orient himself. In a homebirth, the newborn child is most often placed directly on the mother's belly, and the umbilical cord is not severed until the placenta is delivered, and the cord stops pulsing.

Attachment and Separation

Birth marks the child's first separation. However, this is merely a physical separation, necessary for the child to grow and explore his new environment. "The key to this is the mother; through her, a happy transition can be achieved. In reality, there is only a 'separation' when birth is not assisted in the proper way." (Montanaro, 1991) What better evidence, for a natural childbirth? What better time than now, when current evidence supports the midwife model of care for birthing with fewer interventions and more compassion. (Mothering Magazine, May/June 2005)

The evidence is clear; babies know how to be born, and the woman's body knows how to birth. It is time to embrace this wisdom and knowledge instead of attempting to control something that so clearly does not need intervention. These unnecessary interventions disrupt the connection between the mother and child. They interrupt the child's natural ability to orient themselves to the environment. Yes, my secret is out. I'm an attachment parent *and* a Montessori parent. I'm an advocate for natural childbirth. And I like to think that Dr. Montessori was one too.

Resources

Dr. Sylvana Montanaro, *Understanding the Human Being* (Mountain View: Nienhuis, 1991).

Mothering Magazine (<http://www.mothering.com>)

Ina May Gaskin *Ina May's Guide to Childbirth*. (Bantam Books 2003)

Citizens for Midwifery (<http://www.cfmidwifery.org/>)

This article originally appeared in the Forza Vitale! Published by the Oregon Montessori Association.