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THE PREGNANT SUBJECT VS. THE PREGNANT BODY

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Abstract

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1. Humanizing birth in an expanding world

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Imagine that we are seated in any other research center of the world on the first day of a Workshop organized by a Department of Philosophy. The speaker begins to talk and says that she will talk on the pregnancy of the subject. Think for a moment what some of the reactions of her listeners might be. On the one hand, could there be anything more appropriate, philosophically speaking, than a reflection on the subject? On the other, is it not surprising that, when engaging in philosophy, one would like to talk on the subject in so far as she is pregnant? Certainly, part of these reactions might not appear today here in Madrid. We have all come to attend to a Workshop on Science, Technology and Gender, and might be ready to address such topics.

The Vth International Workshop Bodies and Differences has been organized by the Research Project Group "Cartographies of the Body: biopolitics of science and technology". The objectives of the group aims to analyse from a Science, Technology, and Society (STS) perspective the sciences and technologies of the body, inquiring on the status bodies occupy and display in scientific practices. Through the study of certain technologies (therapeutic and reproductive technologies, technologies of sex assignment and re-assignment, and body enhancement and reinforcement technologies) the group seeks to

sketch how sexed bodies are represented, in particular those of women. What is the role such bodies play within the development of scientific tasks.

On my side, I am convinced that the sciences and technologies of the pregnant body offer a privileged place to analyse the status of female bodies, as well as their representation and construction. Yet pregnant and birthing bodies have not deserved much philosophical attention.

On my side, I am convinced that there are issues around the pregnancy of the subject that deserve philosophical inquiry. In this talk the topic that I propose to you as philosophically interesting is: human value and birth conditions *in developed countries*. Or to be more precise: the relations, tensions, and contradictions that presently exist between the symbolic universe of giving birth and the reality of birth attention in many countries of the well-developed areas of the world.

For birth conditions can be terrible in places where we would not expect them to be. This is not because of a lack of economical, intellectual, scientific, or technological resources, but *despite* all of them. To mention just one example, the need to humanize birth in my own country, Spain, is absolutely urgent.

Yet one might wonder: What are we talking about, then, when we say that in Spain it is absolutely necessary to change and improve medical policies concerning birth, and that it is absolutely necessary to recuperate its human aspects? Do we not have a universal health system that protects and takes care of women and babies? Do we not give birth in the best conditions, in the hands of highly qualified professionals, in technologically advanced hospitals, and with the most modern infrastructures? What is then the need and urgency to recuperate the respect, dignity, and humanity of the pregnant woman, the woman in labor, and the recently born baby?

I will mention just one fact: In Spain, at least 29% (= 30%) of women give birth through a cesarean. This is the case of our country, but the situation is not too different in other developed countries in Europe, United States, or other countries throughout the world.

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One way to approach the dehumanization that usually accompanies so many births, is to mention the difference between a normal birth and an intervened labor. 'Normal birth' [according to The European Network of Childbirth

Associations (ENCA)^{1]} is when the process of labor starts spontaneously; the woman gives birth to her baby and delivers the placenta at her rhythm and by means of her own effort; and the baby is always by her side. Though this definition does not seem very difficult to satisfy, most births in many developed countries do not occur in this manner. Routine interventions such as the artificial break of the membranes, induction of labor through hormones like artificial oxytocine, labor acceleration, forced posture, epidural anesthesia, directed push in the phase of expulsion, episiotomies, and separation of the baby are external interventions, and do not belong to the category of a normal birth. Any of these interventions interrupts the normal rhythm of birth and can lead to more interventions (a process named “iatrogenic”, in medical terms).

Thus, the manner in which women are treated and cared for in many well developed countries leave many women with a sense of alienation and disconnection from their bodies (Young 1998). The use of medication (epidural anaesthesia), instrumentation (continuous foetal monitoring), and episiotomies during and after the birthing experience has become the norm, rather than the exception. The woman’s body is viewed as an object belonging to the health care expert, not the woman herself (Gadow 1994). Unfortunately, in such an encounter, the woman’s subjective voice becomes inconsequential (Leder 1990).

On the other hand, a normal labor and a normal birth improve both the baby’s and mother’s physical health, as well as facilitates breastfeeding. Less intervention leads to better results not only in terms of physical health, but also in relation to the baby’s and mother’s emotional and psychological well-being.² Women who give birth by their own strengths and in harmony with their bodies, experience an important rise in self-esteem and empowerment.³ By making them

¹ ENCA is a network of organisations campaigning for improvements in perinatal care for mothers and babies. It was launched 1993 in Frankfurt, Germany. The activists, parents and childbirth educators who join ENCA, recognise the necessity of developing strategies to improve conditions in pregnancy, birth and for the postpartum period throughout Europe.

² One should not undervalue the relation between the use of highly invasive procedures and the growth of maternal stress and anxiety, both during pregnancy and birth. “Our knowledge of the mental disorders that afflict mothers has made strides in recent times, with a deluge of publications from all over the world...A large modern literature has been concerned with the consequences of severe or traumatic labor, which can be followed by persistent stress symptoms or pathological complaining...Thus we now confront an array of different pre- and postpartum disorders that challenge the diagnostic skills of mental health professionals, but also lead to an arsenal of specific therapies...The importance of recognizing, assessing, and treating perinatal mood disorders cannot be too strongly emphasized.” (Brockington, 2008).

³ A claim that receives scientific evidence, for example, from the following medical research, which reports the findings of a prospective longitudinal study of 272 nulliparous pregnant women,

lie quietly in bed, providing them with drugs, and implementing a medicalized labor, we take away their opportunity to give that kind of birth, to feel the immense happiness and satisfaction, and the creativity that gives them strength.

In general, one should remember that a woman in labor *is not* a patient; and that pregnancy *is not* an illness; rather, it is a very special moment of life and biography. Precisely for these reasons, medical interventionism and highly invasive procedures are extreme forms of invasion and control of subjectivity; they do not only drive and alter childbirth, but also contribute to redefining the nature of birth and humanity. To treat the woman and the baby as subjects, human subjects, instead of as a container and its content is therefore a much needed ethical command—a value that is still necessary to expand in our world.

In recent years, civil associations of professional women, users of health services, and mothers had been created to recuperate the dignity and humanity that should accompany medical treatment and attention to pregnancy and birth in our Spain. (It should be noted that most of them operate—not accidentally, I believe—outside the universities and academic environments.) One of the most active of such organizations is the NGO *El Parto Es Nuestro (Birth Is Ours)*. [I have brought some information and brochures to share with you. Please, feel free to take them if you are interested.]

2. Giving birth as a human action

I am thus convinced that in relation to the concept of labor, birth, and early upbringing we put our conception of the world and of the human being at risk. From its Greek roots, philosophy has conceived itself as an integral part of the good life. For this to be true, the cultivation of philosophy must contribute to the improvement of women's lives, at least as much as it contributes to the improvement of men's lives. From this perspective, the critique of patriarchy is

and investigated as one of its objectives the psychological sequelae of obstetric procedures. Results: "Significant adverse psychological effects were associated with the mode of delivery. Those women who had spontaneous vaginal deliveries were most likely to experience a marked improvement in mood and an elevation in self-esteem across the late pregnancy to early postpartum interval. In contrast, women who had caesarean deliveries were significantly more likely to experience a deterioration in mood and a diminution in self-esteem...The findings of this study suggest that operative intervention in first childbirth carries significant psychological risks rendering those who experience these procedures vulnerable to a grief reaction or to posttraumatic distress and depression." (Fisher, Astbury, Smith, 1997).

essentially a philosophical task, since it allows satisfying, in general, the promise of understanding and improving human life conditions.

Within a classical characterization, such as Kantianism, philosophy faces the following questions: “What can I know?”, “What should I do?”, and “What can I hope for?” Considering how difficult it has been to think of the subject behind these questions as being a woman (a fact well-demonstrated by gender approaches to the history of philosophy), it is no surprise to ascertain that it has been even more difficult to think of such a subject of knowledge, behavior and imagination as being a pregnant woman, a woman that gives birth, or breastfeeds. The invisibility of these configurations of subjectivity throughout the history of philosophy is almost absolute. Indeed, the silence in philosophy about the female body and, especially, about all those experiences that are markedly feminine, since they have to do with pregnancy and birth, is too patent not to be noted.

It is true that the absence within philosophical analysis of the humanity of the pregnant woman, the woman in labor, and the newly born baby runs parallel to the lack of presence of other paradigms of the human, such as childhood in general. In fact, the identification of the human with the rational has left out other aspects of the human. There is undoubtedly much to say about this bias, indeed, though this is not the place to say it. Nonetheless, I would like to say at least one thing, even if briefly, about the incapacity of the history of philosophy to describe and take into account vital experiences so significantly human as the experience of living within a pregnant body, a laboring body, and a recently labored body.

To tell a long story shortly, I will mention one of the more extended thesis (one might be tempted to say, general prejudices) not only in the history of philosophy, but also in the history of ideas and culture; namely, the claim according to which the woman’s capacity to create is identified with the fact of being able to give birth. This topic—woman creates by giving birth—is complemented by another idea, not at all trivial: the idea according to which the process of giving birth does not need to be reflected upon. The process of pregnancy is unconscious; it does not need the brain or the mind; it does not need to be reflected upon. The consequence of this line of thought is clear: women create in an unconscious manner; the process is natural and mechanical, in the sense of its being a process foreign to her will, her ability to decide, or her freedom of expression.

Let me be clear, however, that I am not talking here of the will, the capacity to decide, or the freedom of expression in relation to whether or not to interrupt a woman's pregnancy. That is a wholly different issue. I am saying that, once the decision to continue the pregnancy has been taken, it tends to be considered a natural process that develops by itself, so that the rational aspects, not only of decision making but of the will and behavior, are portrayed as not playing any important role in the development of the pregnancy. As a consequence, pregnancy is frequently conceived as an irrational, or at least as a non-rational, process.

Thus, the argument I have just described—according to which:

1st) a woman's capacity to create is equivalent to her capacity to give birth; and

2nd) giving birth is not a rational process

— is a highly extended thesis of misogyny or patriarchy. It is, by the way, a topic that has sometimes also been incorporated by certain kinds of feminist theory.

However—and contrary to the aforementioned prejudice, according to which giving birth does not need to be reflected upon—giving birth *must* actually be reflected upon. Undoubtedly, giving birth needs to be reflected upon in many countries of the so-called Western World, where—against all expectations and as shown in the above—the conditions that accompany birthing too frequently turn out to be terrible. As a result of this, at the beginning of 21st century in many developed countries, a woman that believes that pregnancy is a process that is independent and autonomous from her capacity to think, a process that will thus develop in isolation from her rational intervention, is most likely lead to suffer in her own body the consequences of a sanitary protocol that with a shocking frequency, happens to be violent, humiliating, alienating, and even cruel, to both mothers and babies, as well as their partners and fathers.

Let me also clarify a second issue. When I contend that pregnancy, labor, and birth be considered rational processes and behaviors, I am not claiming that we need to reflect on pregnancy or labor for the latter to continue, or for they to develop correctly. For females of different species are obviously able to develop their pregnancies and births without using rational capacities—that is, capacities

which do not have, at least to same degree as human beings. Thus when I say that pregnancy, labor, and birth are rational processes that need to be reflected upon, I say that the subject's desires, wishes, expectations, intentions, volitions, thoughts, judgments, points of view, values, are inherent parts of the process of birth. I say that birth and labor, as many other human experiences, are not only natural processes, but human *acts and behaviors*. As such, they either can or cannot be lived by the subject in a creative, free, valuable, worthy, humanizing way, or quite the opposite, in a submissive, subjected, inertial, humiliating, and reifying manner. The pregnant subject, merely in virtue of being pregnant, is no less a subject. Her behavior, as well as the space of action she enjoys, can and should be judged and valued, according to human freedom and its exercise.⁴

[Another well-known Kantian motto, *Sapere aude!* ["Dare to be wise"], can also be inspiring here. We must dare to know; we must dare to innovate; we must dare to create. Above all, women must dare to know in relation to their bodies and desires. For the field of pregnancy, labour, birth, and puerperium can well be the fields in which women may live and develop our strength, and ingeniousness. On the notion of pregnancy and birth, there is much to be done in order to avoid misogynist biases. In this respect, thorough research and accounts as to which of the notions of subjectivity within the history of philosophy could best incorporate the pregnancy of the subject is still very much needed indeed. It is a well fertilized soil to break our limits, expand our horizons, exercise our creativity, and live the kind of individuality and originality that define a lucid and authentic human existence.]

3. The revolution of birth

Motherhood has surely become a popular theme in social, political, and media circles. From the field of psychology, recent research is also being conducted on what it means to become a mother, and how this influences the development of the child. [4] Needless to say, they are all fundamental issues whose public discussion is welcome and necessary. In my opinion, however, the subject of contemporary motherhood does not end with social, political,

⁴ Existentialist approaches to freedom could very well give us an idea of how to conceive human freedom and its exercise. Remember, for example, Kierkegaard's notion of freedom as the act of choosing and creating oneself, and apply it to evaluate the amount of freedom that women in labor enjoy within strongly intervened and medicalized birth environments.

economic, labor, or psychological responses. It also needs to be approached by means of the proper tools of philosophy, feminist theory, and gender studies.

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Philosophical discourse on gender offers tools that can help us understand better, beyond the individual experience, what this hidden aspect of the human is—in its two complementary strands: the pregnant, birthing mother, on the one hand; and the gestated, given-birth baby, on the other.⁵ To meet that goal, philosophical feminism must incorporate into its agenda, as one of its most urgent priorities, the reflection upon the woman that becomes mother, as well as the analysis of the types of mothers we can and would like to become.

Along that reflection, a subtle bias has still to be avoided. For we have to stop thinking of the mother, on the one hand, and the baby, on the other, as being independent bodies or entities, at least during the baby's first year of life. I believe that only if we accept that the mother and her baby build a special kind of bond during pregnancy, delivery, and the first stages after childbirth, can we understand what is going on in that special period of life.⁶ Yet it is not easy to find accurate philosophical descriptions of what this kind of attachment is. In fact, one should acknowledge that not much has been said by, for example, phenomenology on what it is like to be pregnant, neither by the philosophy of identity nor the metaphysics on who or what "I" am when pregnant; am I plural or singular? Childbirth does not seem to have raised enough interest of hermeneutics to ask what the narrative structure of birth stories consists in, nor why birth stories are still considered inappropriate in public discourse. Now, considering how difficult it is to find philosophical discourse on the kind of subject(s) which underlies pregnancy and childbirth, imagine how hard it becomes to find serious work being done on the kind of unity that is behind early

⁵ I am almost tempted to say: the pregnant, "giving-birth", and "given-birth" mother, on the one hand, and the gestated, "given-birth", and also "giving-birth" baby, on the other. But I am aware that these constructions sound strange and contrived. My aim would be to explore forms of expression that help us focus on the different stages of the female body along the process of pregnancy, birth, and postpartum. I am also convinced that we should explore alternative use of verbs to convey the fact that babies take an active part in childbirth—they are just not being born or given birth; they rather "bring themselves to light" as well. I know it sounds awkward but, in a certain sense, they "give themselves birth".

⁶ It is important to emphasize that these statements are to be read non-literally. I do not want to run the risk of being accused of merely playing with words, or conflating different senses of a term—for example, strictly speaking, it is *absurd* to say that the body of a mother, after birth, is not separate from the body of the baby to which she gives birth. Figuratively speaking, of course, we may say that they are 'not separate', 'not independent', or 'as one'.

motherhood. The latter topics are simply unknown and unexplored. [7] Interwoven into all these matters is the often unknown physiology of childbirth, but also forms of philosophical approach to humanity that need rethinking.

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It is about time that philosophy and feminism take into account such research and results. Philosophical rethinking, with the help of gender tools, must thus pay attention to the radical bond that is established between mother and baby. For the devaluation of the physical, emotional, mental, spiritual, social, and political needs, desires, intentions, and ends of mothers runs parallel to the devaluation of those of the babies. In my opinion, philosophy and feminist thinking must still walk a long path in order to arrive at a conception of the pregnant subject that truly is a human subject (as opposed to merely a human *body*).⁷ To reach that end, I have defended that they must question and criticize the conception of pregnancy, labor, and birth as a non-rational process that is more comfortably placed in the field of nature than in the field of subjectivity and humanity. Furthermore, they can warn us against the use of the metaphor of a container and its content to describe the relation between the pregnant woman and her baby. Lastly, they can criticize the conception of babies as being entities whose survival is best promoted through medical, technological, and institutional intervention rather than by leaving free space and time for the bond between mother and baby to sprout.

The “revolution of birth”⁸ remains pending. Birth is something that concerns all of us: we all were born, and many of us encounter birth again when laboring our own children. In this sense, *birth is ours*. The discourse on motherhood has many hidden places that have been very little studied, analyzed or criticized. These issues are, nonetheless, very influential with respect to our values, our worldviews, and our forms of life. The importance of such a topic as the dehumanization of birth for the research on female body from a Science, Technology, and Society (STS) perspective is thus worth considering.

Thank you.

⁷ Interesting recent projects in this direction are, for example, The Journal of the Association for Research on Mothering, and Lintott, Sheila. (ed.) *Motherhood & Philosophy: What Philosophy Has to Say about Mothers and what Mothers Have to Say about Philosophy*, Oxford, Wiley-Blackwell, in print.

⁸ I use the title of Isabel Fernández del Castillo’s great book (Fdez. Castillo, 2005).

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[1] Abstract

In relation to the notion of labor, birth, and early upbringing, we risk our concept of the world and of the human being. The silence in philosophy about the female body and, especially, all those experiences that are markedly feminine since they have to do with pregnancy and birth, is too patent not to be noted. On the one hand, it is true that the absence, within philosophical analysis, of the humanity of the pregnant woman and of the woman in labor, runs parallel to the lack of presence of other paradigms of the human, such as babies and childhood in general. In this respect, it is a fact that the identification of the human with the rational, and the following interest of philosophy in rationality, has left out of consideration other aspects of the human.

On the other hand, it must be emphasized that the argument according to which, first, a woman's capacity to create is equivalent to her capacity to give birth; and, second, that giving birth is not a rational process, is a highly extended topic of misogyny or patriarchy. Thus when I say that pregnancy, labor, and birth are rational processes that need to be reflected upon, I mean that the subject's desires, wishes, expectations, intentions, volitions, thoughts, judgments, points of view, values, etc. are inherent parts of the process of birth. So I claim that birth and labor, as many other human experiences, are not only natural processes, but *human* acts and behaviors. As such, they can —or cannot— be experienced and lived by the subject in a creative, free, valuable, worthy, humanizing way, or quite the opposite, in a submissive, subjected, inertial, humiliating, and reifying manner. The pregnant subject, simply on account of being pregnant, is no less a subject. Her behavior, as well as the space of action she enjoys, can and should be judged and valued, according to human freedom and its exercise.

In my opinion, both philosophy and feminist thinking must still walk a long path to achieve a conception of the pregnant subject that is truly a human subject (not just a human body). To start with, they must question the concept of pregnancy, labor, and birth as a non-rational process that is more comfortably placed in the field of nature than in the field of subjectivity and humanity. Furthermore, they can warn us against the use of the metaphor of a container and its (sic) 'content' to describe the relation between the pregnant woman and her baby. Lastly, they could criticize the conception of babies as being independent entities whose survival is best promoted through medical, technological, and institutional intervention rather than by leaving free space and time for the bond between mother and baby to develop. For only if we accept that a mother and her baby build a special kind of link during pregnancy, delivery, and the first stages following birth, can we understand what is going on in that special period of life.

In sum, the discourse on maternity has many hidden places that have been very little studied, analyzed, or criticized. Birth issues are indeed very influential to our values, worldviews, concepts, and forms of life. The importance of such a topic as the dehumanization of birth with respect to the research on values is thus worth considering.

[2] Rethinking the origin

I guess there is something provocative in the title that I have chosen for my paper. “Rethinking the origin” sounds like a perfectly sound topic for a contribution to a philosophical volume. Could there be anything more appropriate, philosophically speaking, than a reflection on origin? In philosophical dictionaries, ‘origin’ is usually identified with such concepts as ‘element’, ‘principle’, ‘logos’, ‘foundation’, and even ‘guilt’. Hermeneutics, phenomenology, the history of ideas—one merely has to list different authors, approaches, and perspectives in order to gain an idea of the extent and depth according to which philosophy analyzes and develops such a topic.⁹ And yet, the opening sentence I have presented, “Rethinking the origin”, is followed by the words: “birth and human value”. It might sound surprising to have chosen such a specification and approach. Probably one does not expect that, when engaging in philosophy, one would identify talking about the origin with talking, plainly, of birth, of human birth, of *our birth*. Certainly, this is something that we might like to think about together in future philosophical discussion.

Of course, within an encounter entitled “Value in an expanding world”, I could have chosen a more fitting title, perhaps something like: “Humanizing birth in an expanding world”. Probably, when hearing “humanizing birth in an expanding world”, one might think we will be talking about improving birth conditions in countries or situations of poverty, underdevelopment, lack of resources, etc. One would tend to think that talking about humanizing birth has to do with being able to obtain the kind of medical support, knowledge, equipment, and technology that we—that is to say, ‘Westerners’—enjoy. Undoubtedly, this *could* be one way of approaching the issue. It is certain that birthing conditions in certain situations and areas of the world *can* and *must* be improved. One does not require much imagination to realize that the rates of mortality and morbidity of mothers and babies differ throughout the world. This fact could, in itself, be a topic worthy of concern in a philosophical conversation that deals with value in an expanding world. And yet, together with the serious problem of mortality rates associated with birth conditions in developing countries, there is also another worrying tendency: the speed by which many such countries are copying the bad habits and practices of the so-called developed countries, which are leading, for example, to a dramatic drop of breastfeeding (with the decisive help of artificial milk companies), as well as excessive medical intervention and disturbance of the birth process.

However, it is not about this—human value and birth conditions in developing countries—that I want to write here, rather quite the opposite. For the topic that I propose to you as philosophically interesting is the following: human value and birth conditions *in developed countries*. Or to be more precise: the relations, tensions, and contradictions that presently exist between the symbolic universe of giving birth and the reality of birth attention in many countries of the well-developed areas of the world.

⁹ To mention just two existentialist examples, remember Heidegger’s description of the relation between human beings and origin. For him, the *Dasein* fails to find a foundation, a *Grundwerk* or logos. Homelessness is the fundamental nature of *Dasein*, so that strangeness, nothingness, not-appropriateness, groundlessness, and loneliness are inherent parts of its being. And, yet, the human being has to live without feeling homesick on account of his or her fundamental homelessness. Remember also Jasper’s theory of existence and original guilt, which emphasizes the limitation of the origin of human existence as well as the need to live beyond guilt.

[3] WHO recommendations:

Why do we have a delay of more than 20 years in the implementation of the general recommendations of the World Health Organization (WHO) concerning attendance at birth?

In 1985, a meeting of the WHO European region, the regional office of the Americas, together with the Pan American Health Organization in Fortaleza, Brazil, made a number of recommendations under the heading of "The Fortaleza Declaration" (World Health Organization, 1985). These recommendations are based on the principles that every woman has a fundamental right to receive proper prenatal care; that every woman has a central role to play in all aspects of this care, including participation in the planning, carrying out, and evaluation of the care; and that social, emotional, and psychological factors are decisive in the understanding and implementation of proper prenatal care. Here are sixteen recommendations:

- * The whole community should be informed about the various procedures in birth care, in order to enable each woman to choose the type of birth care she prefers.
- * The training of professional midwives or birth attendants should be promoted. Care during and after normal pregnancy and birth should be the duty of this profession.
- * Information about birth practices in hospitals (e.g., rates of cesarean sections) should be given to the public by the hospitals. There is no justification in any specific geographic region to have more than 10-15% cesarean section births. (The current US cesarean section rate is over 30%; and the current rate in Spain is 30%. The UK, with a better developed but non-optimal midwifery system has 23%, the Netherlands, 14%. Canada 24%. In Chile, the overall rate is 40%, and the cesarean section rate among women with private obstetricians is 57-83%)
- * There is no evidence that a cesarean section is required after a previous transverse low segment cesarean section birth. Vaginal deliveries after a cesarean should normally be encouraged wherever emergency surgical capacity is available.
- * There is no evidence that routine electronic fetal monitoring during labor has a positive effect on the outcome of pregnancy.
- * There is no medical indication for pubic shaving or a pre-delivery enema.
- * Pregnant women should not be put in a lithotomic (flat on the back) position during labor or delivery. They should be encouraged to walk during labor and each woman must freely decide which position to adopt during delivery.
- * The systematic use of episiotomy (incision to enlarge the vaginal opening) is not justified.
- * Birth should not be induced (commenced artificially) for convenience, and the induction of labor should be reserved for specific medical reasons. No geographic region should have rates of induced labor over 10%.
- * During delivery, the routine administration of analgesic or anesthetic drugs that are not specifically required to correct or prevent a complication in delivery should be avoided.
- * Artificial early rupture of the membranes, as a routine process, is not scientifically justified.

* The healthy newborn must remain with the mother whenever both their conditions permit it. No process of observation of the healthy newborn justifies a separation from the mother.

* The immediate commencement of breastfeeding should be promoted, even before the mother leaves the delivery room.

* Obstetric care services that have critical attitudes towards technology and that have adopted an attitude of respect for the emotional, psychological, and social aspects of birth should be identified. Such services should be encouraged and the processes that have led them to their position must be studied, so that they can be used as models on the basis of which to foster similar attitudes in other centers and to influence obstetrical views nationwide.

* Governments should consider developing regulations to permit the use of new birth technology only after adequate evaluation.]

The Fortaleza Declaration was produced in 1985, and very little has changed, except that intervention rates have skyrocketed without any dramatic improvement in perinatal and maternal mortality (Chalmers, 1992). Despite the Declaration, and despite the rapidly increased emphasis on the use of evidence-based medicine, many of the non-recommended practices remain common, without due consideration of their value to women or their newborns. Compare these recommendations to your birth experience, that of your friends, or your experiences as a healthcare provider. “Standard” obstetric care is a series of managed rituals and stop clocks, not an evidence-based or woman-centered journey.

[4] In this field, the contributions of psychoanalysis—even if often provocative and not always free from a misogynist bias—have been enormously successful; although recently, other psychological currents—such as evolutionary developmental psychology (Burgess, MacDonald, 2004; Ellis, Bjorklund, 2005; Geary, 2006) or attachment theory (Stern, 1995; Bowlby, 1997) have also shown their results.

[5] In this regard, I would like to recall here an argument often employed by one of the most important and influential philosophers of the Spanish landscape, Celia Amorós. In effect, Amorós argues that, given that philosophy deals with the human, and given that women form fifty percent of humanity,¹⁰ women’s issues are obviously philosophical issues (Amorós, 1997). The statistics indicate that more than 136 million women give birth a year.¹¹ Birth issues thus have a clearly enormous social relevance. Motherhood is an area not only typically suitable for investigation via the tools of gender analysis and feminism, but also, and necessarily, from the perspective of philosophical discourse.

[6] If, as I pointed out earlier, in the design of pregnancy, childbirth, and parenting we put at risk, at the same time, our concept of the world and of human beings, the absence of deep and wide reflections—both from the world of feminism as well as from the world of philosophy—on these themes is deeply striking. We mentioned before the prejudices against motherhood by most of traditional

¹⁰ A premise that should be read metaphorically.

¹¹ See (http://www.who.int/features/factfiles/maternal_health/en/).

philosophy.¹² But we could also talk long about the absence of motherhood in much feminist thinking. Most of philosophical feminism has been built around such notions as subject, emancipation, freedom, autonomy, and rights. Its acute analysis has surely helped us visualize the instruments of objectification and submission that tend to surround women. It seems, though, that it has not devoted the same time and energies to analyze pregnancy, delivery, and motherhood. Thanks to feminism, we have achieved the separation between sexuality and reproduction: we can choose whether to be mothers; we do not want to be forced mothers. And yet much remains to be done to fill the void of motherhood. A Spanish sociologist, Isabel Aler, has phrased it convincingly: there is no doubt that feminism has helped us to give ourselves birth as women; it is about time that it also helps us to give ourselves birth as mothers (Aler, 2006).

[7] For example, it is not yet fully acknowledged that motherhood is a part of sexuality, that there is a very special kind of desire between mothers and babies, and that not only the conception, but also the development of gestation, delivery, nursing, and early upbringing are all sexual processes. Under certain conditions, fear grows and suppresses desire, so that a joyful start of maternity is denied or made practically impossible.

[8] Scientific theories about primal health have shown how important it is for the quality and sustainability of our development as a species that society protects and takes care of the mother-child pair (Odent, 1986, 2005).¹³ [...] Studies conducted by pediatrics and neonatology show the neurobiological willingness to body contact, and the advantages of skin-to-skin contact between mother and child. For example, the so-called “Kangaroo Mother Care” is a method of care of preterm infants, which involves infants being carried, usually by the mother, with skin-to-skin contact. Frequently and often unnecessarily, incubators separate babies from their mothers, depriving them of the necessary contact. However, Kangaroo Mother Care is an effective way to meet baby’s needs for warmth, breastfeeding, stimulation, safety, protection from infection, and love (World Health Organization, 2003).

Another important fact to be taken into account is that “maternal stress appear to increase the incidence of abnormal perinatal outcomes, such as intrauterine growth restriction and preterm birth (Cooper et al., 1996; Hobel, Dujkel-Schetter, Roesch, Castro, and Arora, 1999), and adversely impact maternal-infant bonding, as well as fetal and infant behaviours (Bonari et al., 2004; Davis et al., 2007)” (Spadola, 2008). In this respect, research is now available that establishes relations between the eventual development of certain behaviors and types of pregnancy and birth.¹⁴ These data show the need to

¹² The task of providing full evidence for these prejudices certainly escapes the purpose of this paper.

¹³ See also (www.birthworks.org/primalhealth).

¹⁴ “There is now good evidence in humans also that if a mother is stressed or anxious while pregnant, her child is substantially more likely to have emotional or cognitive problems, including an increased risk of symptoms of attention deficit/hyperactivity, anxiety, or language delay (for reviews, see Talge, Neal, and Glover, 2007; Van den Bergh, Mulder, Mennes, and Glover,

challenge our common way of thinking about childbirth and its consequences. Precisely for these reasons, medical interventionism and highly invasive procedures are extreme forms of invasion and control of subjectivity; they do not only drive and alter childbirth, but also contribute to redefining the nature of birth and humanity.¹⁵

2005)...There is now good evidence from many independent prospective studies that antenatal stress predicts adverse social/emotional and cognitive outcomes during childhood...Other studies have shown links between antenatal stress/anxiety and behavioral/emotional problems in the child...The size of the effects found in many of these studies is considerable, although it is important to emphasize that most children are not affected ... These results imply that the attributable load in behavioral problems due to antenatal anxiety is of the order of 15%...The implications of the research is that anxiety and stress during pregnancy should received more attention, both for the sake of the woman herself and for the development of her future child...Effective interventions to reduce maternal stress and/or anxiety during pregnancy should help to decrease the incidence of cognitive and behavioral problems in children...There is now good evidence that maternal anxiety and stress during pregnancy substantially increase the risk for adverse long-term effects on the neurodevelopment of her child, even though most children are not affected.” (Glover, Bergman, and O’Connor, 2008).

¹⁵From this perspective, many chapters still wait to be written under the inspiration of Foucault’s *History of Sexuality*, and his approach to the technologies of the self.