

Placental Roots for Honouring an Embodied Gift Economy of Birth

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Donner la vie est un acte concret de l'économie du don: la mère donne sa force de vie à son bébé pendant sa grossesse et à la naissance. Cet essai explore les racines placentaires pour vénérer l'économie tangible du don de la naissance, avec une approche centrée sur la mère et ses soins. Cette naissance contraste avec la médicalisation de la naissance liée à l'économie patriarcale qui s'approprie le don de la naissance. L'auteure montre que les accouchées vivent une expérience positive de plaisir et de soulagement grâce à l'économie concrète du don et à l'accès aux ressources de leur propre corps.

Critical Preamble for Placental Roots

It is to the placenta itself that I owe my gratitude of wonder. Life begins through gestation in the umbilical, gifting dialogue of blood nourishment that flows from mother to baby through placental roots. The placenta is the primary organ for transmuting blood that is rich with life-giving oxygen and nutrients from mother towards her baby's growth. The placenta has two sides to support its gifting, relational design—a mother side and baby side. The umbilical cord, as attached into baby's belly, resembles a long tree trunk that reaches from baby to the root-like blood vessels of the rounded placental mass, planted in mother's womb-uterus. Nourishment and oxygen are drawn from the body of the mother through placental vessels, while metabolic wastes are released from baby for mother to clear away. Mother and baby are completely separate beings, yet held together through these gifting maternal relations of placental roots. The baby grows, as do fruits and flowers, on this human tree of life. Based from such life-giving roots, birth-giving, or *birth-gifting*,

is an embodied gift economy, wherein mothers gift their life force to the babies they gestate and birth. This gift goes onwards into mothers' acts of care for the children they raise. All human beings begin their lives on Mother Earth through the embodied gift-giving of mothers.

Birth-work, alongside mother-work, has been my biggest teacher in regards to life honouring, gifting practices and ways of being that put mothers at the centre. I set out on my path as a birthkeeper in the late-1980s, after attending a homebirth as a teenager that awakened in me a love of women's birthing powers, and a longing to honour the sacred role of birth in life. I became an apprentice midwife, learning from the grassroots movement of pre-regulation Canadian midwifery (Jordan, "To Be a Midwife"). Midwifery philosophy is an embodied ethics, denoting specific practices of care that support natural aka "normal" birth (Down and Byron; Gaskin), now also called "physiologic" birth (Buckley, *Hormonal Physiology*). Ideally, through midwifery care, mothers are supported to give birth from the gifting resources of their own bodies, minds, and spirits—to be empowered in their birth experiences.

My immersion in home birth practices and midwifery philosophy gave me a differing lens for birth than the dominant culture. By lens, I mean mother-centred views beyond fearful, pain-inducing attitudes towards birth. Dominant views consider mothers' birthing bodies to be pathologically at risk, and in need of regulation by medical interventions. Though birth at times requires medical assistance or life-saving treatments, the overarching use of such technologies beyond necessity is described as the "medicalization" of birth (van Teijlingen et al.). Herein lies a loss of physiological, birth-based knowledge, and

embodied wisdom for guiding general practices of care that midwifery can support (Arms; Koehler). Doctor Sarah Buckley researches the benefits of “ecstatic,” physiologic birth. She educates about the “hormonal blueprint of labour,” that includes mother and baby’s natural release of the “love” hormone oxytocin during gentle, undisturbed birth experiences. Buckley emphasizes how,

giving birth in ecstasy; this is our birthright and our bodies’ intent. Mother Nature, in her wisdom,

clinical staff. It is based on the premise that most women want a physiological labour and birth, and to have a sense of personal achievement and control ... even when medical interventions are needed or wanted. (*Intrapartum Care 1*)

Yet we have far to go, when fear of, and disconnection from, birthing maternal bodies is the norm for medical practices that are delivered through authoritative, paternalistic tendencies. The Western patriarchal medicalization of birth

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prescribes birthing hormones that take us outside our usual state, so that we can be transformed on every level as we enter motherhood. (*Ecstatic Birth 3*)

Yet despite gains in birth-based knowledge, mothers’ potential for ecstasy, well-being and physiological integrity in giving birth is at a crisis point worldwide. The World Health Organization (WHO) notes that this affects women in both low- and high- income countries (*Intrapartum Care*). Mothers need access to quality midwifery and medical care, especially in countries of the two-thirds world where poverty limits access to services and resources for women, leading to crises of high rates of infant and maternal mortality. Yet as medical services become more available worldwide, there has been a systemic over-use of medical interventions delivered through authoritative means, with disrespectful and abusive treatment of women leading to birth trauma (*Prevention and Elimination*). Experiencing traumatic birth limits mothers’ and babies’ well-being, interferes with early bonding and ongoing wellness of families. The WHO thus recommends, “elevating the concept of experience of care,” with a focus on respectful maternity care and “positive childbirth experience.” Positive childbirth includes having access to midwives as primary caregivers who can support physiologic birth. It is defined as *fulfilling* or *exceeding*:

a woman’s prior personal and sociocultural beliefs and expectations, including giving birth to a healthy baby in a clinically and psychologically safe environment with ... practical and emotional support from a birth companion(s) and kind, technically competent

is historically interwoven with the patriarchal debasement and dominance of women, nature, and bodied birthing powers (Merchant), and the take over of birth care from women and midwives (Arms, Pierce). The patriarchal medical model addresses safety in birth through high rates of medical interventions that commonly override mothers’ embodied capacities. While this is seen as an advancement of knowledge, high rates of interventions bypass and ignore mothers’ procreative birthing powers, agency, and bodied experiences through the guise of medical necessity. Additionally, despite feminist gains, many women approach giving birth with little initiation into, nor understanding of, birth’s physiologic powers and gifts. Mothers may not know how or where to find support from other women for such, nor even options for accessing the resources of their own bodies when giving birth.

Vajra Ma, dance educator, writes that although feminism has led to, “crucial cognitive understandings to dismantle patriarchal concepts,” women “still need to cultivate full embodiment at the subtle, neural level ... to restore their wombs and subtle bodies” (233). Mothers’ birthing gifts have been wrested from them for too long. While access to life-saving treatments are important, systems of birth care need to be re-rooted through the female body, to return agency to mothers themselves in all acts of birthing. What is it to know the gift of birth in all lives, and as a particularly maternal, female-centred power? As feminist philosopher Mary O’Brien reminds us, reproductive consciousness is inseparable from human consciousness. Birth must be understood and theorized from mother-centred perspectives to in order to empower women’s lives and support well-being for all.

In my musings herein, I intentionally use the word “birth” to talk about *birth*, rather than the common use of the term, “childbirth.” I find the term “childbirth” a reprehensible condition, representing the fact that birth itself has been so thoroughly wrested from women as mothers—who are the original and only givers of *birth*—that we have attached the word “child” to “birth” to note what we’re talking about. Birth has been appropriated to so many other meanings and metaphors beyond mothers themselves (Rabuzzi). I thus advocate for the return of *birth*, in all its real-life, lived glory to the mothers that give it. At one time in human history, and contemporarily where birth is honoured and celebrated, the wisdom of birth was and is very big indeed. Our ancestors knew what birth meant and referred to, as mother-gifting forces and sources of life itself, writ large as Mother Earth, cosmic MA, and all birthing Goddesses of creation and regeneration.

I speak of “embodied” to denote the body as lived in-body, as sensual (of the senses) experience, with attunement to the mind, emotional, and inner life. Embodiment includes the ways in which philosophies and ethics such as the gift economy are rooted in the very fibre of our bodied beings. The gift comes from and through the body and the senses—as the placenta, and our capacities to give birth, so beautifully portray through living forms. I use the term “mother-centred” to denote practices and philosophies that consider mothers to be at the centre of birth, to celebrate individuals and communities who are collectively healing and reclaiming birth for mothers, babies, and families. I want to highlight the importance of mothering as a central facet of human development and social-cultural regeneration, beginning in the primacy of gestation and birth.

I then use the term “holistic” to refer to the whole person, in wholeness of body, mind, emotions, and spirit, including human social milieus and environments as interconnected ecologies and economies. Holistic, mother-centred birth seeks to shift or replace modern trends of medicalization (Buckley, *Gentle Birth*; Davis-Floyd et al.). Medical treatments and techniques can be life saving when needed, but a judicious use of these has yet to be combined with holistic, mother-centred forms of care, wherein mothers are in charge of their own regenerative capacities.

Mothers, clearly “gift” life as they “give” birth, with potential for ecstatic, love-filled experiences of procreation. Yet mothers are caught in what gift economy philosopher Genevieve Vaughan names, “Patriarchal Capitalism” (*Women and the Gift Economy*). Vaughan describes how “Capitalism provides the economic system, and Patriarchy provides motivation towards ever greater phallic possessions of money, knowledge, and power,” noting how “exchange” operates as a “template to influence all our thinking” (10).

Such dynamics are made invisible through the medicalization of birth, which is so dominant that many people think its interventions are necessary for birth to happen at all. Medicalization, with its implications of patriarchal control, is deeply interconnected to exchange-based, market economies. The patriarchal phallic sphere has sequestered the power and resources of birth by feeding off the gifts of birthing mothers, co-opting their embodied, birthing powers, in order to assert absolute “value.” A judicious, mother-centred use of life-saving techniques would honour and make central the gifting physiology of birthing mothers, rather than decentering mothers towards a phallic, market-based possession of birth power and its “products,” including the children that mothers “produce.”

Value in the exchange economy is assigned to medical authorities who then take credit for safe birth-giving. Mothers “pay” for this with not only money, but their well-being and sanctity through a hierarchical exchange of knowledge and energies. Patriarchal language denotes mothers’ bodies as “dysfunctional,” by referring to pelvis sizes or rates of cervical dilation as causes of risk or even death. Mothers want to keep their babies safe, so that body-centred language of fault coerces mothers into accepting or undergoing interventions, especially when there may be no other options available. Fear and pain is heightened in adrenaline-created atmospheres of birth. A mother giving birth is in an alternate state of consciousness as she goes inwards to focus on, or surrender to, her important work. Holistic, mother-centred birth is supported with a judicious use of words, in kind affirming language that honours and uplifts mothers’ embodied birthing capacities. Compassionate, physiologic knowledge and support, with insight for each mother’s unique process and timing, honours an embodied gift economy of birth. Safe birth and well-being are equally possible for mothers and babies through such forms of care (Johnson and Davis).

We are at a critical birthing juncture, with the potential for great change. Through collective birth-based social movements, including the proliferation of midwives and doulas in Canada and elsewhere (Bourgeault et al.; Castaneda and Johnson Searcy), mother-centred birth knowledge and practice is arising towards a potential critical mass. Many mothers have experienced the effects of embodied well-being through the power of their bodies, in the joy and relief of having given birth themselves with compassionate, mother-centred supports. Birth is being reclaimed by mothers and families as a social rite, a celebration, and a ceremony of life. Many mothers are becoming educated about, and want to source, their self-capacities in order to navigate the bodied intensities of sensation, pain, pleasure or ecstasy of birth-giving, with knowledgeable supports and key loved ones at their side. Stories of mothers’ embodied

triumphs, pleasures and pains, senses of lived spirituality in birth-gifting, circulate in mothers' forums, in midwifery, doula, and mother-centred circles through a plethora of empowering inquiries (e.g. Preece; Yoshimura; Young). Birth writ large, with its deep mother-centred powers and meanings, is being re-socialized as central to human experience, well-being, culture, and life-long meaning making (Gaskin; Lim; Mann; Simpson).

Well-being surely originates in the embodied qualities and sensations of mothers' and babies' birth experiences.

granted. A mother simply gives because her baby or child is there and requires her immediate and constant giving in order for survival. Mothers value and love their children, and desire to meet their ongoing needs for growth and development, as arduous as motherwork can be.

The basis of love and compassion lies in these maternal gifting roots, in which mothers experience reciprocal gifts of attachment and joy from their children. The Dalai Lama is frequently quoted as saying he first learned of compassion through his mother's loving care towards him, "my mother

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Into these labours, the placenta has patiently called out to me and many others, to listen to and learn from its many gifts (Jordan, *Placenta Wit*). I thus offer the role of the placenta for understanding birth-gifting relations that honour an embodied gift economy of birth. I seek to affirm the importance of birth experience for all, as a primal gift of life. Keeping mothers at the centre of birth, while directing our own gifts of love, respect, and kindness towards mothers, babies, and families, is surely the best we can give and gift for all generations, now and to come.

Maternal Gift Economies

To provide further roots for my musings into honouring an embodied gift economy of birth, I turn to Genevieve Vaughan's work on the "maternal gift economy." Vaughan explores and demonstrates how the value and source of our lives comes from a free infrastructure—the gift economy (*Il dono; Women and the Gift Economy*). In the exchange economy of the dominant market system, people expect payment for services or goods sold. In contrast, the gift economy exists as a unilateral process of giving, where the giver gives freely to another without expecting rewards. Mothers give the first gifts of life as they give birth to, and care for, babies. Maternal gifts go onwards towards children to satisfy all that children need to grow in nourishment, shelter, attention, and love.

The gifts given to children reflect their inherent value. For example, mothers do not demand payment from their helpless babies nor expect acknowledgement from them for motherwork services. The very thought of such is ludicrous, which is how entirely the gift economy is taken for

lavished her boundless love on me ... I think of her as my first teacher. It was she who first taught me the priceless lesson of compassion" ("Women with Power" n.p.). Yet contemporary societies as nation states do not mark or give value to this free foundation of maternal gifts. This leads to the many challenges mothers face in doing their important work, based in systems of exchange in which mothers must function, often at their peril. Motherwork is erased, or made harder when collective social systems of care that could otherwise support the gifts of birth-giving and child-raising are limited by the exchange economy. The market is geared towards individualist, competitive, resource depleting relationships of exchange, the very antithesis of maternal gift giving as a sustainable, governing principle, with enough for all on Mother Earth. Mothering thrives in communities with the collective time and resources to share with children and each other. Dynamics of exchange lead to lack of time and resource supports for mothers to draw from. Without formal or even informal networks mothers become isolated. Informal networks, as in extended families and local communities that co-mother children, are drained when everyone is focused on participating in the exchange economy to survive.

In all of this, Mother Earth is primary in her services towards us as human beings. We draw all nourishment, goods, and materials from Mother Earth; we are gestated within her womb, and feed from her very breasts. Yet her resources are sequestered by the market, bought and sold through exchange in which some people profit at the expense and even deprivation of others. The original gifts of the Earth are rendered invisible, so that Mother Earth is ignored to the point of current conditions of environmental

devastation and climate crisis. The Earth's regenerative capacities are being overridden, just as mothers' embodied birth-gifting is ignored or ill supported. Understanding and returning to the primacy of the gift economy supports life-giving, regenerative capacities in reciprocal relations. Reciprocity of gifts lies in practicing gratitude, combined with knowing limits in fulfilling human needs for what the Earth gifts us in sustaining all of life on Earth. This maintains the balance for re-birthing cycles of life on Earth.

We need the gift economy to come forward in all areas of life, for maternal gift-centred practices and principles to lead and guide societies at large. Vaughan notes how the gift economy is evident in social movements (*Gift in the Heart* 22), where people come together to freely gift their time and attention to causes for social change. I experienced this in pre-regulation Canadian midwifery, as small-scale, community-based groups across Canada, led by lay midwives and mothers, province by province, educated and lobbied governments to regulate midwifery and make services available for all mothers. People gifted their time and energy, often through circles and networks of women who supported each other in home birth, breastfeeding, and mothering itself. I saw how mothers thrived through midwifery care, how they embodied the agency of their birthing powers.

Because of this social movement, we now have professional midwifery care in most Canadian provinces, with research that validates midwifery and home birth for its safety combined with positive impacts on women's health and well-being (Johnson and Daviss; Shroff). Midwifery services are available, but not in all places to all women. Thus, gifting efforts for social change continue, as does the need for holistic, mother-centred philosophy to shift medicalization towards re-valuing an embodied gift economy of birth. Through gift-based analysis, I highlight mothers' agency in our need to: *access the gifts and resources of our own bodies when giving birth.*

Placenta's Calling

I first heard the placenta's calling while attending home births as a student midwife in the mid-1990s, caring for mothers, babies, and placentas during and after birth. I witnessed and supported the powerful efforts, breath, and blood of mothers' labours. At home, I saw the gift of mothers learning about, and having continuing access to, their babies' placentas, keeping them for further uses that supported postpartum health, energy, and spirits. Midwives educated and shared about the placenta's nourishing function through its tree-like form with mothers. This contrasted to hospital births, where the practice was, and still is, to ignore and set aside placentas through post-birth

separation routines. Such routines often include whisking babies away from their mothers after birth, to be held and handled by attendants who then measure, wipe, or test babies, which become the first sensations babies experience.

In contrast, through homebirth practices, and now onwards into many venues with supportive attendants, including hospitals and clinics, mothers, midwives, doulas, and birth workers are discovering the gifting values and uses of placentas, keeping placentas after-birth. Placentas are being reclaimed and honoured to support the health and well-being of new mothers through: post-birth burial in planting rituals and ceremonies; art making ideas via placenta prints; creating keep-sakes of the sacred umbilical cord; and lotus birth, where the baby's umbilical cord is left uncut post-birth so that baby and placenta stay together, it is thought to be gentle for the baby to be left intact until the cord dries and falls away. Other placenta uses include alternative therapeutic practices, such as mothers' direct consumption of the placenta through cooking or encapsulation, and placenta remedy making such as homeopathy for future health uses.

My intention herein is not to detail placenta practices, benefits and studies of are well documented elsewhere (Enning; Lim; Jordan, *Placenta Wit*; Selander), but to forward the placental roots of the gift economy of birth (Jordan, "Placental Thinking"). The placenta is a birth, body, and blood-based text from which I offer my views. My understandings of the placenta *comes from placentas*, from mothers and babies themselves, from attuning to placentas' relational, gift-giving wisdom ways over time. There is a self-evident, embodied flow of lifeblood from mother to baby during gestation through the placenta, followed by the nourishing flow of breast milk from mother to child after birth. A flow and flowering of language accompanies these primal connections, where speaking and listening communication develops and the baby eventually learns to "talk." Language development is a key form of attentive gifting that Vaughan notes as giving "rise to positive mutuality, trust and imitative turn taking" (*Maternal Roots*).

In highlighting a maternal order of gifting, it is the placenta that first embodies the flow of life-gifting force and source from mother to baby through a relational dialogue of blood. This gifting relationship moves imperceptibly onwards into the social milieu, as life grows on from mother and child. The placenta embodies a gift economy relationship that has existed for millennia, and to which we owe our lives, in the gestation of life within the body of another, who is the mother. Along the lifeline of the baby's umbilical cord, the placenta transmutes all blood, rich with the necessary oxygen and nutrients from the mother towards her baby's growth. As mentioned

earlier, the placenta has both a mother side and baby side to support this gifting design. The mother-side holds intersecting, brain-like lobes that attach to the inside wall of the mother's uterus, connecting her life-blood to her baby's nourishment. The baby-side displays what appear like tree roots, through interconnecting networks of blood vessels. These rooting vessels fan outwards in a circular pattern from where the baby's umbilical cord attaches itself near the centre of the placental mass. The baby side of the placenta is smooth, and cosseted by the amniotic sack,

raw, and lumpy looking. Viewing this red, blood-filled mass is often a source of discomfort or disgust for many people. This discomfort may be accompanied by a lack of education about, and connection between, birthing mothers and their babies' placentas. Through medicalization, the placenta has become simply a "blood product," a potential source of contagion and waste post-birth, requiring incineration for safety. This is not only a medical practice, but a hidden (in plain sight) social cue. Throwing out or incinerating placentas strikingly represents our

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which rises from the edges of the placenta to surround and hold the baby and its sustaining amniotic fluids in utero. Through capillary diffusion, nourishment and oxygen are drawn from the body of the mother into the placenta, and metabolic wastes are released from baby for mother to clear away. Mother and baby are separate, yet held together in a nourishing dialogue through the gifting relations of placental roots. Once the baby is born, the mother gives birth to the placenta, in a stage of labour all its own. The placenta's sole purpose is facilitating gifting-relations for new human life, with further nourishing uses post-birth.

This miraculous placental form—a gift morphology—is most readily recognizable in the structure of a tree, the original tree of life. The round, placental mass holds the tree roots, which splay outwards in circular form. These are connected to the umbilical cord as compared to a tree trunk. The trunk-like umbilicus anchors the baby, who is indeed the leaves and flowers on this embodied tree of life. Just as trees reach down from their trunks through interlacing roots into Mother Earth for nutrients and growth, so do we reach into the bodies of our mothers through placental roots for all we require to be born. This embodied, gift-based morphology is a physical, spiritual articulation of our deep interconnection to trees and all living systems on Mother Earth. The shape and form of the round placenta is equally mandala-like, with its artful, circular form in which the umbilical cord and baby are at the centre of this gifting mandala of life—a medicine wheel of the mother.

Like tree roots, which are covered in moist, rich, life-gifting soil of Mother Earth, once born, placentas are covered in mothers' life-gifting blood. Placentas are very bloody,

misogynist rejection of maternal gifts and blood powers as being dirty, unclean, and garbage itself—where garbage is "refuse" or *what is refused*. Previous to incineration, the market may have assigned value to placentas by using them as products for scientific research or the cosmetics industry, where life-gifting stem cells of the placenta are indeed recognized for their regenerative powers (Parolini). Though awareness of placentas' gifts and uses by mothers themselves is increasing, placentas are rarely viewed as the embodiment of the actual relationship of babies to their mothers, in the sacred womb-place from which they grew and were connected. In some cases, mothers must fight for their right to retain their babies' placentas after birth (Borek).

Birth blood contains the vestiges of mothers' creative, life-gifting powers. Refusing to honour the blood of birth as situated in placentas, born in all their blood-red glory, is likely also rooted in long-time taboos associated with women's blood powers. This includes menstrual blood, which is put in the garbage and refused, made invisible through social secrecy and internalized shame of women's blood and bleeding (Grahn). While fearing and demeaning women's blood as giving life, patriarchy highly values the blood of human-imposed death, which is celebrated in war, killing, colonization, and environmental devastation. In contrast, the gift economy can socially uphold the sacred functions of female and maternal bodies, through honouring the life-gifting powers of menstruation and birth (Wood).

Honouring an Embodied Gift Economy of Birth

Through routines of medicalization, mothers giving birth

are often subjected to separation rituals, based in severing the placenta's gifting relation. Medical attendants will cut the baby's umbilical cord very quickly after birth. The baby is then whisked away from its mother, followed by a "shot" of medication, believed by many to make the placenta come out (Einion). Many years ago, when I was first studying midwifery, not yet legal in my home province, a friend asked me, after the birth of my first child at home with lay midwives, how on earth my placenta "came out." I did not understand what she meant, until we realized together that she thought the needle of oxytocin medication, administered to mothers after a baby is born in hospitals, was the only way the placenta could be born. I spoke with her about how our bodies experience very natural, normal contractions after the baby's birth. These are augmented through skin-to-skin contact, as I experienced with my baby who I held closely on my chest and breast after her birth. I cradled her head with my own hands as she emerged from my vagina. I then lifted her to my chest from between my legs, "catching" her myself with the support of my midwife. I held my baby's whole body in my arms with absolute relief and love, mumbling words of such to her, while feeling the most exquisite pleasure and relief I have ever felt in my life. This was a real time "oxytocin" love high, with no shot of medication needed, just the gifts and workings of my body giving birth. And no one cut my daughter's umbilical cord for a long time. We left it attached to her placenta, which once born, sat in a bowl beside us. I did not consume the placenta, nor prepare it therapeutically as some mothers choose to do, but eventually buried it in the backyard of our rental apartment. We had a simple ceremony of thanks to Mother Earth for the gift of our baby's new life and becoming a family.

I do not share my birth story as if to say this is how birth has to be, especially knowing that some mothers will need medical treatment or interventions. I do so to provide a context for mothers to have access to *the gifting resources of their own bodies*. Granted, I had education, lived experience and trust in normal birth and in my own body, from home birth midwifery studies where I attended and witnessed multiple natural births before giving my own. During my daughter's birth at home, I did not receive drugs or medications of any kind. I felt enormous surges of sensation, energy, and pain-like feelings, which were at times overwhelming to cope with. But I found these also very interesting, and managed to internally surrender to the sensations of my body in phases of intense opening through breathing, sounding, and stretching my hands for focus, coupled with rest. I was supported to experience birth-giving by going for walks outside, moving around our apartment, lying on the bed, and later on getting

into a large hot water tub that my husband and midwife inflated and filled up in our living room. The warm water softened and held the impact of the strongest dilations of my cervix—known as active labour. Birthing my daughter took all day, throughout which I was held by the presence of my husband and sister, who came and went from me as needed, as I often wanted to be alone. Thus, no strangers touched me or came into my house. My midwife came to check on me briefly in the daytime, returning to attend the last couple of hours of the birth by nightfall with another midwife support.

I had a normal pushing stage of giving birth—feeling intensely overwhelming pushing sensations, not coached in any way by my midwives, except for encouragement, and maybe some breathing to slow things down as my daughter's head was crowning. Pushing came spontaneously as I brought her head down and out of me, which felt like a bowling ball coming through. After her head crowned, and in great relief, her body emerged between my legs. I scooped her into my arms, happy and elated feeling, while exploring her wonders, a total small person looking into my eyes with her own. We were born together, she herself, and me as her mother. After giving birth, no one took my baby out of my arms. Her condition was checked where she was on my chest. She was later measured and weighed as needed right next to me.

Mothers can give birth in this manner, if normal, physiologic, ecstatic birth is socially and economically sanctioned to support them thus. When I gave birth, over twenty years ago, I can attest that I would not have been able to have this experience in any hospital of my home province. Even if I managed to have my baby without drugs, or medical interventions such as anaesthesia and epidurals given to many mothers as they struggle to give birth, followed by potential forceps, vacuum extraction suction, or episiotomies, there still would have been a plethora of machines, tests, or checks following me. There would be people I didn't know around, likely inserting their fingers into my vagina without permission, which would be violating and ludicrous for a woman in any other circumstance. I would not have been left undisturbed, or fully supported to follow my body. My daughter's umbilical cord would have been quickly cut, her placenta taken away, and she lifted away from me at birth.

While training in home birth midwifery, I also worked as a postpartum doula caregiver for women who experienced hospital births. I often found myself gently unpacking birth stories with new mothers, if they needed and wanted to. Most had experienced many interventions, including the 34 percent caesarean-section rate in British Columbia (Fayerman). Most did not experience what their own bodies were capable of. Nor did they know that they could be

supported to give birth through their own powers, timing, pace, and flow, and that this could be as safe at home as in hospital. A necessary grief arises in mothers who do not feel treated with respect, who wished they knew more about birth-giving, or felt that they had no say in or control of their births. Many mothers did not know about options for holistic, mother-centred birth, or were fearful of such given the prevalence of medicalized birth.

Authoritarian systems of care stir up fear and adrenaline in mothers' bodies, which inhibits physiologic birth and flow of the love hormone oxytocin towards ecstatic birth (Buckley, *Ecstatic Birth*). When birthing physiology is overly disturbed or ill supported, energies are directed up and away from mothers towards medical attendants. This creates the aforementioned hierarchy of attention, where mother's freely given gifts are co-opted upwards to medical attendants, who take the focus of birth to become the birth-givers. Directions and interventions for birth are dictated to mothers, rather than being self-directed from mothers' holistic self-sensing and embodied gifts. Mothers become depleted or worse, traumatized from giving birth under hierarchical, market systems of exchange that ignore and inhibit mothers' embodied powers. Such exchange overvalues or values medical attendants as being the necessary birth-givers with their knowledge and interventions.

Medical attendants are generally not trained in environments that empathetically support the potentially long hours and variations of normal, physiologic birth, without medical technologies available. Nor do medical attendants have many opportunities to witness and support embodied birth-gifting, through empathic, verbal, hands on means, and/or leaving mothers undisturbed yet supported. While life-saving treatments are needed at times, we must navigate our way out of traumatizing routines of interfering in the love-centred physiology of birth, to reclaim mothers' birthing powers in all the pain, joy, pleasure, and beauty of birth-gifting. Through honouring an embodied gift economy of birth, mothers can experience their sanctity, and the well-earned relief of embodied love in attachment with their newborns.

When attending holistic, mother-centred births, including those that I experienced and assisted with, midwives did not cut the umbilical cord right away. They most often waited until it stopped pulsing, so that the placental transfusion of baby's blood could complete itself, returning all blood back to baby from its pre-birth circulation through the placenta (Garnaoui). Not cutting umbilical cords also means keeping mothers and babies together, as they are meant to be. Babies are left in mothers' arms after birth, with skin-to-skin sensations of warmth and sensual contact through smell, touch, sound, sight, and

first breast-feedings, all important bonding moments of post-birth love.

Gifting relationships are thus integral to early human bonding and the sense of well-being that is available to "freely" birthing mothers (Parvati Baker). Mothers then experience positive early attachment with their newborns, along with recuperative relief and pleasure. In this, attendants direct their own gifts of kindness, compassionate attention and touch, with the ability to support and empathize with mothers. Kindness is never in a hurry; it takes its time with a presence that is situated in the heart. Birth also takes its time and cannot be measured by any clocks of the exchange economy. In a diagrammatic perspective, an embodied gift economy of birth might look like a circle or spiral, with key loved ones and supportive caregivers holding space around the mother, who gives birth to her baby from the centre of her being—she and her baby are at the centre of this birthing spiral. Within such spiralling powers of birth, the mother draws from and builds upon the resources of her own body and the space she is held within, both physical and psychic—perhaps drawing energies from Mother Earth herself. Such a birth-gifting mother can hold trusting relations with her attendants, who mindfully gift her what she needs without taking attention for themselves. She gifts her important work in navigating all the pain, sensation, pleasure, mind, emotion, and spirit of birth. Mother and baby exude their own hormonal cocktail as baby is born, gifting a palpable sense of grace to all.

Closing Notes

In forwarding placental roots for honouring an embodied gift economy of birth, I uphold holistic, mother-centred birth for nurturing the earliest bonds of love between mother and child. Bliss and attachment can then flow onwards towards children as they grow and develop through further gifts of maternal care. Ideally, the social milieu, as a gift economy, will further support maternal birth-gifting through all kinds of co-operative gift-based networks of caring that put mothers and children at the centre. This will lead to more peaceful, nurturing societies, wherein humans develop their full potentials as relational beings with gifts to share.

How babies are born matters, as do that ways mothers are treated and experience themselves at this time of life. Patriarchal medicalization in the exchange economy has displaced and co-opted mothers' embodied, freely given, birthing gifts. Can we recognize, educate, and grow beyond this hypnotic grasp, to re-root our selves through gift-centred relationships, as the placenta conveys? Mothers need access to, and knowledge of, the gifting resources of

their own bodies, to be in charge of birth-centred choices and their own regenerative capacities.

Our lives are truly rooted in birth as a primal and primary gift of experience. We would not be here without the eons of birthing relations that have come before us. Nor without the stream of mother-gifts that predate our own lives. Placental roots for honouring an embodied gift economy of birth highlight the maternal gift economy for modern societies that are losing touch with the birth-based fabric of our Mother Earth origins. We are given the gift of life at birth through placental roots, as we pass this gift on to others. I close my musings with gratitude for these mother-gifts of life, for birth in its fullest meaning and experience of love.

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JOANNA M. WESTON

Twined Tales

I wind her story
round my body
take it into myself
and become who
she might have been

this alter ego merges
my life with hers until
our stories are one
though a dream of two

before one pulls
the last word
and lets it stretch
back on itself
myself alone

Joanna M. Weston has multiple spiders, a herd of deer, and two derelict hen-houses. Her middle-reader, *Frame and The McGuire*, was published in 2015, and her poetry collection, *A Bedroom of Searchlights*, was published in 2016.