



Birth as an Act of Sex

By Karen Ehrlich

When most people think of childbirth, they don't think of it as an act of sex. I do. As a homebirth midwife for 40 years, I have had the opportunity and privilege to attend women who labored without any directions or requirements from outsiders. Laboring women are often the embodiment of sex in how they move, how they sound, and on occasion how they experience labor—in fact, some women even orgasm during labors.

After all, the birth canal is the sex canal. The uterus contracts during labor and during orgasm. Oxytocin is the same hormone that mediates those contractions during both orgasm and during labor. The physiologic and neurologic and physical framework for birth and sex are the same. The belief in birth as sex is one that many midwives have spoken of among ourselves for decades. This reality is slowly being discussed more often among parents and professionals. Still, it is below most people's radar that this could be true.

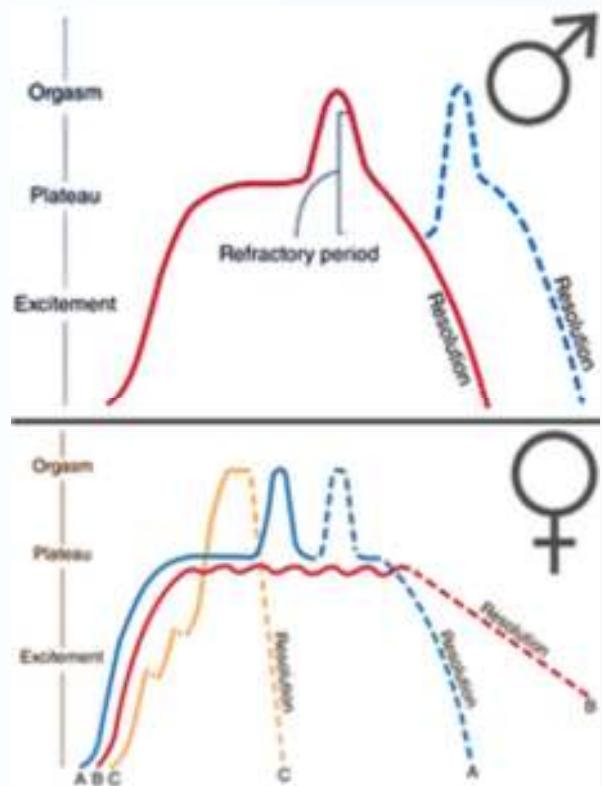
My conviction that birth is a sexual event was solidified in my earliest midwife years. Many authors/activists wrote little bits here and there about this realm, but didn't put together a larger picture of sex as a common thread throughout childbearing. The most significant of the authors whose thoughts bolstered my early impressions were childbirth educator Lester Hazell (1969/1976), social anthropologist and childbirth activist Sheila Kitzinger (1962), midwife Raven Lang (1972), and psychologist Niles Newton (1955) who strongly compared aspects of sex to aspects of giving birth.

In 2003, I completed a master's thesis that explored this topic -- *Life is a Sexually Transmitted Condition: The Sexuality of Labor and Birth*. [It is available to read online at <midwifekaren.org>] In it I built on concepts and impressions that had been with me from my earliest study of birth, which I began in 1973. I was originally influenced by the groundbreaking work of Masters and Johnson, *Human Sexual Response*, which was published in 1966 when I was 20 years old and mightily interested in what they had to say about the human sexual response cycle (HSRC). Based on clinical laboratory research, they described for the first time how human bodies respond during sex. If we look clinically at the changes that women's bodies traverse during sex, we can see that those changes are mirrored during pregnancy, labor and birth, and the immediate postpartum.

At first, in doing the literature search for my thesis, I came upon a number of subsequent professionals and researchers who have tried to define sexual response, describe its nuances, classify its progression and meaning. Each one who has tackled this task has brought to it a different perspective and consciousness. But my impression of these models was that they refined and adapted HSRC, but did little to expand on it. So my initial thought was that HSRC still stood on its own and continued to be widely accepted.

Psychiatrist Helen Singer Kaplan was among the first to take issue with HSRC (1974). However even in her dissatisfaction with the model, she essentially agreed with much of their work. Her model is mostly a renaming of the stages that HSRC established, with the addition of desire to launch the cycle.

One authority who did not base his representation of sex in HSRC was psychologist Donald Mosher (1980). He posited that HSRC was incomplete because it failed to address the subjective realm of sexuality – emotion and spirit. He created a paradigm for looking at varying depths of



Retrieved from https://en.wikipedia.org/wiki/Human_sexual_response_cycle

involvement in sexual encounters that evolve into a state of trance.

Mosher's model is one that speaks of what I often see when autonomous women are in the throes of labor, immersed in a state of trance and utter absorption with their sexual bodies. In each of three tables, titled Depth of Involvement in Sexual Role Enactment, Depth of Involvement in Sexual Trance, and Depth of Involvement with the Sex Partner, he delineates six steps through which lovers travel as their encounter intensifies and by which they find their way to altered state, depth of involvement, loss of ego boundary, union and unity, mutual absorption, intimacy, and transcendence – the potential rewards of sex. And the potential rewards of labor and birth.

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While not all of the elements that Mosher defines for these depths of involvement can be lined up satisfactorily with a woman's physical, physiologic, or subjective experience of labor, there are many correlations that are compelling and that strengthened my premise. Sex and birth are of the same cloth.

One of my thesis advisers prodded me to keep searching for new information and for critiques of Masters and Johnson's work. It was no easy task. No matter how many indices and bibliographies I consulted, I couldn't find more references that refuted or enlarged HSRC.

In 2002, by some stroke of serendipity, I got a notice of a conference that was taking place near my home. Titled *A New View of Women's Sexual Problems*, it sparked my interest and I signed up. The organizers included a wide range of feminists and therapists and educators who were unhappy with how women were being viewed and treated in the world of psychotherapy.

And it was here that I finally found references for critiques of Masters and Johnson's work and HSRC. Also here I found a raft of information about human sexuality that informed even further my belief in a unified vision of women as sexual beings throughout all of our lives.

One of the most provocative was by psychologist and sexologist Leonore Tiefer whose book *Sex is Not a Natural Act & Other Essays* (1995) contains her scholarly

and acerbic criticism of all that is wrong with HSRC. She conveys some important lessons in considering the correlations between sex and childbirth. Among them is that clinical views of the female body have become so fragmented in trying to treat sexual function and dysfunction that the whole woman can be missed. So it is with giving birth. A laboring woman is not a mechanical device with only a uterus and vagina to be dealt with. She is a whole woman who must be dealt with holistically.

Also discovered through the New View conference were psychiatrist Rosemary Basson and sex therapist and researcher Gina Ogden. Both of these women are intent on welcoming women to define their sexuality and claim their experiences on their own terms, freely and assertively.

Basson initially lodged her modeling of women's sexual response in HSRC. Then she went on to create a model that is actually several models – diagrams of the varied experiences that she has heard described by women in her care that illustrate a complex sexuality. She contends that HSRC is valid for some women some of the time. However in context of possible long term relationships and women's actual lives, the reality of sex changes. In several schematics that she published in 2000, she demonstrated some of the variety that women's lived sexuality might take, including never attaining orgasm, or falling off the neat and orderly HSRC linear curve in timing.

When I think of laboring women who don't meet the neat and orderly linear curve that is prized by modern maternity care, it again strikes me that we are talking about similar energies. When modern women's sexual experiences don't fit the norm, they are often abnormalized and medicated. When modern women's labors don't fit the norm, they are often mechanized, routinized, medicalized, medicated, and subjected to minor or major surgeries – an atmosphere that makes it extremely difficult to express sexuality.

Gina Ogden devised a model that includes the spirit and spirituality of women's sexuality and is the only one I have seen that has no relationship whatsoever to the linear HSRC. It is made up of interlocking circles that represent continuums of experience. *Women Who Love Sex: An Inquiry into the Expanding Spirit of Women's Erotic Experience* (1999) expresses her vision of women's birthright of enjoying their bodies with gusto and enchantment.

I contend that labor and birth can be experienced by many women in the same spherical, lyrical ways—as ongoing, interlocking loops that are fed by energy. When a woman is recognized as well, autonomous, strong, and competent in labor, she often finds that giving birth is a whole-woman experience that connects her body, mind, heart, and soul. It bonds her to sex, to her sexuality, to her history, to the lineage of every woman who has ever given birth, to her future, to her loved ones, and most importantly to her baby.

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