



the activist midwife

interview victoria watts, portrait bolade banjo

kemi johnson says that low light and relaxation are just as beneficial for giving birth as they are for baby-making in the first place. we asked her to explain

“It’s okay, babies normally come at night,” says Kemi. “It’s all about the hormones. Oxytocin levels rise at nighttime and you need that to give birth.” Lucky for us it’s the middle of the day, since Kemi Johnson, the independent midwife I’m interviewing, is on call.

Kemi’s relaxed. She’s been through it so many times before, and maintaining a sense of calm is one of the most important skills in her job. It’s the reason behind the name of her practice, Invisible Midwives. “At the time of birth, I need to make myself as small and unobtrusive as possible. I need to give the woman her own space to do what she needs to do.”

This idea of non-intervention is at the heart of all Kemi does. She provides pre- and post-natal care as well as being present for the birth itself. While she does work with women who need or choose to give birth in hospital, Kemi’s passion is for home births. She describes herself as a good birth activist and in our conversation, no matter what question I ask, she always brings it round to why home attention is best and why the NHS is ill-equipped for this—in other words why choosing an independent midwife is a good choice. Her essential argument comes down to this: “Home is the best place for hormones and bodies to work. It’s what we’re designed for. Hospitals are for sick people or emergencies. It is the very opposite of what’s required for giving birth.”

So what is it that’s needed to give birth? Apparently it’s the same kind of things that help with making the baby in the first place: dim lights, warmth, privacy, relaxation. Again, it comes back to hormones: “The hormones needed for birth—oxytocin and melatonin—are relaxing. They work in familiar surroundings. If you introduce things like harsh light or cold temperatures, or interruptions like a door suddenly opening, that raises adrenaline. With more adrenaline, you get less of the birth hormones. Like most mammals, if a woman gets startled, she’ll stop giving birth.”

Of course, a rise in adrenaline can also happen at home. She tells a story of a woman who refused to give birth while her mother-in-law was in the house. “It was her second baby and I kept thinking it was taking a while, as second babies are usually like shelling peas. She asked her partner if his mum was in the house and then asked him to tell her to leave. He was like, ‘Oh no, I’ll just wait, it’s a phase.’ Then after the next contraction she screamed, ‘Can you tell her to leave?’ Her in-laws left and the baby was out five minutes later.”

At moments like this, Kemi’s eyes glint cheekily at the memories. She clearly adores her job. There are also times when she wells up with tears at the emotion of some of the

births she’s witnessed. “It’s life changing for me, and it’s not even my baby. I cry all the time. It’s just so wondrous. I’m addicted to it.” Seeing the parents’ reactions is often one of her highlights: “I’ve been with men who are quite sceptical because they’ve watched a lot of One Born Every Minute or they’ve talked to their friends who’ve described horrendous birth experiences. They never believe that they can have a magical experience until it happens. They’re like ‘Oh Kemi, she’s a bit mad, she’s a bit hippy. What’s she talking about?’ until that minute that they catch the baby. And then they cry for hours usually.”

Kemi’s own births, 23 and 21 years ago, were not so idyllic and are experiences she describes as traumatic. “My first birth started off with intervention,” she says. “Now that I’m a midwife, I know that my blood pressure went up slightly, which is normal just before you give birth because progesterone has dropped. Instead that was misinterpreted as something being wrong with me and so they induced me. I ended up with a c-section because of a failed induction.” Kemi says it took her up until three years ago to come to terms with her own births, but now sees those experiences as positive and something that has spurred her to become a better midwife.

Although Kemi’s c-section may have been avoided, there are still some people who do need medical attention during birth and this is something that niggles at me during our conversation. I also wonder about the women who can’t afford an independent midwife. Does a hospital birth have to equal trauma? Kemi’s answer is encouraging. “I’ve seen very strong women do both. Once a woman knows that she’s been heard and that her desires have been accommodated, I think whatever setting is going to work for her.”

Having never given birth myself, it’s good to hear that there are options besides the popular image of people rushing down a corridor with a woman on a gurney. If the time comes, I’m not sure if I’d choose home or hospital, but I will remember Kemi’s stories of comfy beds, homemade food, pets for company and relaxed, beautiful births. I’ll also bear in mind her final words: “Birth hasn’t changed. Women are well equipped to give birth to babies. But what is changing about birth is who we’re giving birth with, and where. Environment is one of the biggest issues, and the answer to that is home or at least homely.”

Parents-to-be can find impartial info about their birth choices here: www.nct.org.uk/birth/choosing-where-have-your-baby

Kemi and other self employed midwives are represented by Independent Midwives UK / www.imuk.org.uk