Champagne and the Fetus Ejection Reflex

Michel Odent

The more I try to combine what I have learned from my experience of hospital birth and homebirth, the more I am convinced that the best way to protect the perineum, to avoid a serious tear and to eliminate the reasons for episiotomy is to deviate as little as possible from the physiological model. In other words, the best way is to create the conditions for an authentic fetus ejection reflex.(1–2)

I am often asked to clarify the difference between the fetus ejection reflex and the well-known Ferguson’s reflex.(3) The Ferguson’s reflex is related to mechanical conditions: the pressure of the presenting part on the perineal muscles. A real fetus ejection reflex can occur long before the descent of the presenting part, or long after. It can start before complete dilation, or after. Usually it does not occur at all because the prerequisite is complete privacy. In the context of homebirth, I am familiar with this reflex when I follow the progress of labor from another room through the sound the woman is making, while her husband or partner goes shopping and there is nobody else around other than an experienced, motherly, silent and low-profile doula. I cannot remember one case of an authentic reflex in the presence of the baby’s father. During the reflex, there is a short series of irresistible, uncontrollable contractions, with no room for voluntary movements; the laboring woman can be in the most unexpected postures (often complex, asymmetrical, bending forward postures).

I have interpreted this reflex as the effect of a sudden spectacular reduction in neocortical activity, making possible the release of a complex hormonal cocktail. The release of high levels of hormones of the adrenaline family is suggested by the sudden expression of fear (often a very short episode of fear of death)(4) that precedes the irresistible contractions, and by a sudden tendency to grasp something and to be upright. The most helpful thing to do in terms of facilitating the fetus ejection reflex is to just accept this sudden expression of fear (e.g. “kill me,” “let me die”) without interfering: reassuring rational words—a stimulation of the neocortex—would inhibit the reflex. The release of a high peak of oxytocin is of course suggested by the sudden power and efficiency of the uterine contractions. As for the ecstatic state of the mother, it suggests that the hormonal cocktail includes morphine-like hormones.

We must keep in mind that the term “fetus ejection reflex” was originally used by Niles Newton, when she was studying the factors influencing the birth of mice(5)—mammals who do not have a neocortex as powerful as ours. The reflex can occur among humans, provided that the activity of the neocortex is dramatically reduced so that the human handicap is overcome.

I learned from a powerful fetus ejection reflex induced by a cup of champagne. Around 1980, a woman in not-yet-hard labor shared a room in the hospital in Pithiviers, France. Her roommate, who was already celebrating the birth of her baby, gave her a cup of champagne. The unexpected effect was a sudden series of such powerful contractions that the second mother’s baby was born on the way to the birthing room. My interpretation is that the bubbles sped up the absorption of alcohol, causing an immediate effect on brain activity that other types of wine
cannot have. The capacity champagne has to release inhibitions has been widely
tested, whenever the goal is to create an erotic or not-too-formal atmosphere.

Recently, I met Dominique Marquette, an experienced homebirth midwife and a
native of Epernay, the famous specialized wine center in Champagne. When prepar-
ing for a homebirth, she always suggests that the family keep a bottle of champagne
in the refrigerator. Officially, it is to celebrate the birth afterward. In fact, now and
then, under precise circumstances, she offers a cup of champagne to the woman in
labor, in order to release inhibitions. The conclusion of such anecdotes and theoretical
interpretations is not that laboring women should be routinely offered champagne.
In the age of evidence-based midwifery we must wait for the results of prospective
randomized controlled studies evaluating the ratio of benefits to risks.

I have never had to repair the perineum after a real, undisturbed fetus ejection
reflex. One of the many reasons may be that in such a context of privacy, the mother
is more often than not bending forward, for example on hands and knees. In such
postures, the mechanism of vulva opening is different from what it is in other pos-
tures. First, the anterior part of the vulva opens more quickly; then the deflexion
of the head tends to be delayed and, when the face is coming out, the chin is in a
more lateral position. I take this opportunity to mention that, if by chance there is
a first- or even second-degree tear (which usually means there has been no authen-
tic fetus ejection reflex), I do not stitch it. If the mother keeps her legs together as
much as possible during the first two weeks (for example, avoiding looking at the
perineum, avoiding the lotus posture) the cicatrization will be perfect.

One of the advantages of the term “fetus ejection reflex” is that it underscores
the similarities among the different episodes in our sexual life. As Niles Newton
pointed out, in the milk ejection reflex, the sperm ejection reflex and the fetus
ejection reflex there is always a sudden explosive release of oxytocin. This release
of oxytocin is always highly dependent upon environmental factors.

Michel Odent, MD, has been influencing the history of childbirth and health research for several
decades. As a practitioner he developed the maternity unit at Pitthiviers Hospital in France in the 1960s and 1970s. With six midwives, he was in charge of about one thousand births a year and achieved excellent statistics with low rates of intervention. Odent is familiarly known as the obstetrician who introduced the concept of birthing pools and home-like birthing rooms. His approach has been featured in eminent medical journals such as The Lancet and in TV documentaries such as the BBC film Birth Reborn. After his hospital career he practiced homebirths. Odent’s 21st-century books (The Scientification of Love, The Farmer and the Obstetrician and The Caesarea) may be regarded as a trilogy. They raise urgent questions about the future of our civilizations. Odent is a contributing editor to Midwifery Today magazine.

References
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