Free Birth: When Freedom Meets Biology — and Then Becomes a Cult

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Uncompressed Thinking

When I talked to my friend Boris Petrikovsky, an OB doctor with huge international experience in the field, and he mentioned that he was writing to *neonatal INTENSIVE CARE* about free birth, I thought he was talking about some organization that provides birthing services for free. I almost said, nice… good idea… and how was your day otherwise?

Then he sent me the draft.

And it was not about free birth in that innocent sense. It was about unassisted birth — an actual, pretty well-known movement, although not known to me, where pregnant mothers intentionally choose to give birth the old-fashioned way, at home, without a doctor, without a

nurse, without a registered midwife, and sometimes without anyone medically qualified nearby. The only modern flavor was that some do it under water. I tried to imagine that for a moment, and could not.

But then I started reading, and in about a minute the humor was gone.

Because Boris was not writing a cultural comment. He was writing as an obstetrician who has spent a lifetime looking at what can happen when nature is romanticized beyond the point of safety. And the numbers he brought into the discussion were not romantic at all. They were frightening — for mothers and for babies. What shocked me even more was that this was not only about countries where medicine is absent, destroyed, or pushed backward by poverty, war, politics, or Taliban-type nightmares. A quick search confirmed what I did not expect: free birth exists in developed countries too, especially in the United States, the United Kingdom, Australia, Canada, and parts of Europe. It is a small fringe movement, not a mainstream birth practice.

Not mainstream — thank God.

But let Boris explain what it is all about.

He begins with a simple point. Pregnancy is natural. Of course it is natural. Puberty is natural. Menarche is natural. Menopause is natural. But the fact that something is natural does not mean it is automatically safe. That is the trap in this whole argument. Healthy people do not normally go to the hospital, says the attractive slogan behind home birth. Pregnancy is natural, therefore birth should be left alone. But this sounds much better as philosophy than it works as biology.

Nature is not a hospital. Nature does not monitor fetal heart rate. Nature does not stop hemorrhage. Nature does not recognize obstructed labor. Nature does not diagnose high blood pressure complications. Nature does not perform an emergency C-section. Nature is magnificent, but it is not merciful by design.

Boris then brings in the social-media face of the free birth movement, and this part is important because without it one may miss the emotional hook. Free birth is not usually presented as danger. It is presented as beauty: string lights, birthing pools, family nearby, the mother in control, childbirth returned to the hands of women. A 35-year-old pregnant woman in the article planned such a birth without any medical or otherwise qualified assistance. The online numbers around this world are not tiny either. The Free Birth Society has a large Instagram following, millions of YouTube views, and millions of podcast downloads. This is not a few women whispering in a corner. It is a polished emotional universe.

And then there is the language.

One free-birth course advertisement says, in effect, you are powerful, birth like it. That by itself could still be harmless inspiration. But then it moves into something much darker, describing obstetrics as a story of rape, abuse, harm, and violation. I read that and stopped. Because now we are not talking about a preference for a quieter birth, a warmer room, less intervention, or more respect for the mother. We are talking about converting medicine itself into the enemy.

That is already a different plane.

But Boris first stays with the facts. And he does something I did not expect, but after reading it I understood why. He looks at animals.

Wild forest macaques, he writes, lose a very large percentage of offspring during the first year of life, mostly in labor. Big apes do better, but even there, survival in the natural habitat is not a fairy tale. In zoos, with veterinary care, outcomes improve. Inbreeding can raise risks, yes, but veterinary attendance helps manage complications that would be fatal in the wild. Boris also mentions a remarkable case: a critically endangered Western lowland gorilla at the Philadelphia Zoo, after prolonged labor, was delivered with forceps by a team that included veterinarians and obstetricians. A human obstetric principle helped save an animal birth.

At first this may sound like an odd detour. But it is not. It is one of the cleanest ways to break the fantasy. Birth in nature is not an Instagram image. Birth in nature includes obstructed labor, fetal malposition, fetopelvic disproportion, exhaustion, hemorrhage, infection, and death. Boris even brings in cows, where failure to complete the second stage of labor can be visible and still fatal if untreated. A calf may be seen at the vulva, but if the mechanics are wrong and nothing is done, the calf can die and the cow can suffer serious consequences too.

This is biology. Not ideology. Not morality. Not politics. Biology.

And then Boris turns to humans.

His strongest example is Afghanistan, and this is where the article becomes almost unbearable to read quietly. In Afghanistan, unattended or poorly attended birth is not a lifestyle choice. It is what happens when a society has broken medical systems, poverty, isolation, war, and suppression of women's access to health care. Before 2001, under Taliban rule, when obstetric care was nearly nonexistent in many areas, maternal mortality was catastrophically high — around 1,600 deaths per 100,000 live births. After the Taliban regime fell, and with international support and training of midwives, the number dropped sharply, to roughly the 620–638 range by 2020–2021. Then, after the Taliban returned and restricted women's health care access, female education, and female health workers, experts expected maternal mortality to rise again.

That comparison says more than any slogan.

Where obstetric care disappears, mothers die. Babies die. They die from postpartum hemorrhage, infection, high blood pressure complications, obstructed labor, fetal distress, post-term pregnancy, and other problems that modern medicine often knows how to recognize and treat. Boris also notes that infant mortality in such settings is very high, and that one common cause of fetal demise is post-term pregnancy, because without prenatal care and early ultrasound, even the due date may not be known accurately.

This detail stayed with me. Something as ordinary as knowing the due date is not ordinary when medicine is gone. We are so used to prenatal care that we forget how many layers of protection are hidden inside it. Ultrasound, blood pressure checks, fetal growth assessment, lab work, Rh testing, infection screening, diabetes screening, placental location, due-date confirmation — all of this looks routine until it is removed. Then routine becomes the line between normal and fatal.

So when Boris summarizes free birth as dangerous and potentially life-threatening, this is not rhetorical excess. It is the conclusion of someone who knows what can go wrong and how quickly.

Then comes the hardest part, the part about freedom of choice.

Boris does not dismiss autonomy. He is a doctor, and modern medicine is built around patient autonomy. A patient may refuse treatment. A cancer patient may refuse chemotherapy and choose vitamins. A Jehovah's Witness may refuse blood transfusion even in a life-threatening situation. Doctors face these situations, and law and ethics have to deal with them. But pregnancy makes the problem different, because the pregnant woman is not risking only herself in the ordinary sense. She may also be risking the life of a viable unborn child.

That is where the legal and moral ground becomes difficult. Boris points out that while respecting the mother's autonomy is standard, there are extreme situations where a physician may intervene if the fetus is viable, the danger is immediate, and the expected benefit outweighs the risk to the mother. In rare life-threatening emergencies, courts may even be involved. Free birth itself may not be illegal, but society can have a compelling interest in a viable fetus, and if a child is harmed or dies, some legal analyses suggest that the duty to provide medical care may become part of the discussion.

I do not pretend that this is easy. It is not easy. It is one of the hardest questions in medicine, because every word here is heavy: mother, fetus, autonomy, life, emergency, consent, state, physician, risk.

But that is exactly why slogans are so dangerous.

Freedom is a precious word. Choice is a precious word. A woman should not be bullied, humiliated, or mechanically processed through birth. She should be heard. She should be respected. She should have dignity, privacy, and control wherever possible. Many women have

real reasons to fear overmedicalized birth. Some have been rushed. Some have been ignored. Some have been cut when they did not understand why. Some left childbirth feeling injured not only physically, but emotionally.

That matters.

But the answer to bad medicine cannot be no medicine.

The answer to arrogant medicine cannot be to remove the people who know how to stop hemorrhage, resuscitate a newborn, recognize obstructed labor, treat seizures, deal with shoulder dystocia, transfuse blood, or get the mother to an operating room when minutes matter. The real answer should be humane obstetrics — medicine with dignity, science with tenderness, safety without arrogance.

This is where Boris's article gives a pause about freedom of choice. He brings it up very clearly. Free birth sounds like freedom until the emergency begins. Then the question changes. Then it is not about philosophy anymore. It is about blood, oxygen, time, a mother's life, and a baby's first breath.

So yes, the phrase "free birth" sounds beautiful at first.

But after reading Boris's article, it no longer sounded free to me. It sounded like freedom without backup. Autonomy without a brake. Romance without emergency lights.

Stay posted — the article is supposed to be published in Fall 2026.

And I hope people read it before they need it.

And just as I wrote that concluding sentence, I realized that I was missing an important plane.

The word that did it was "fringe."

I had written that free birth exists in developed countries too, but as a small fringe movement. That was supposed to be somewhat reassuring. Fringe means marginal. Fringe means not mainstream. Fringe means small enough not to reshape the world.

But the word did not stay there. It moved in my head. And then it turned into another word.

Cult.

I stopped for a moment, because this is a strong word. I do not want to throw it around for dramatic effect. But in this case, I could not escape it. In my mind, free birth, at least in its harder ideological form, has all the key characteristics of a generic cult.

It has a sacred central belief: the body knows, nature knows, medicine corrupts. It has purity language: undisturbed birth, wild birth, sovereign birth, birth without interference. It has an enemy: doctors, hospitals, monitors, protocols, sometimes even trained midwives if they carry too much medical caution into the room. It has testimony replacing data. It has influencers and courses. It has an emotional circle where lucky outcomes become proof, and bad outcomes are pushed aside, explained away, or quietly absorbed into the belief. It has the dangerous suggestion that doubt is weakness. And worst of all, it can make a woman feel that asking for help at the wrong moment is not wisdom, but failure.

That is cult logic.

I am not saying that every woman who wants a home birth is in a cult. That would be wrong and unfair. A planned home birth with a qualified midwife, good screening, backup, and rapid transfer plan is a different discussion. I am talking about the ideological version of free birth, where the absence of trained help becomes part of the purity of the event. Where medical backup is not simply absent, but morally rejected. Where the mother is taught not only to trust herself, but to distrust rescue.

That is the line for me.

A cult does not always begin with dark rooms and strange rituals. Sometimes it begins with beautiful words. Freedom. Trust. Nature. Healing. Sovereignty. Sometimes it begins with a real wound, and that is what makes it powerful. Here the wound is real. Some women were harmed by medical arrogance. Some were not heard. Some were pushed into interventions. Some were frightened. Some were treated as a body on a schedule rather than a person in labor.

I can understand the wound.

But a cult takes a wound and turns it into a closed system.

It does not say, let us make obstetrics more humane. It says, obstetrics itself is the enemy. It does not say, let us reduce unnecessary intervention. It says, intervention is contamination. It does not say, let us protect the mother's dignity while preserving medical safety. It says, remove the trained people, remove the monitors, remove the hospital, remove the backup, and call what remains freedom.

That is why the shift startled me. I began with Boris's medical argument — hemorrhage, infection, obstructed labor, fetal distress, maternal mortality, neonatal death. That was serious enough. But now I was seeing something else underneath it: a belief system that can train people to distrust help before the emergency arrives.

That is chilling.

And then, as I thought more about this abrupt switch from the medical plane to the social plane, I imagined someone nodding in agreement and adding, yes, and similar characteristics exist in religion.

That was jarring.

I absolutely disagree with that bridge.

This is one of those places where public discourse becomes blurred, sometimes innocently and sometimes intentionally. People see strong belief, special language, rituals, community, distrust of outsiders, and they say, religion. But this shortcut is wrong. Worse than wrong — in this context, it is dangerous.

I am not trying to write a theory of religion here. I am saying something simpler. In my understanding, human-humane religions, at their mature center, are intrinsically pro-life. They protect life. They may have ancient laws, difficult traditions, old texts, and strict boundaries, but when life is truly on the table, mature religion bends toward saving it. Across the main ancient religions, there are examples of rules and practices being adjusted because human life had to come first. Fasting can be suspended when health is endangered. Ritual obligations can be set aside to save a life. Medical care can override ordinary restrictions when the mother or child is in danger. That is not weakness of religion. That is religion becoming more humane as it matures.

A cult is different.

A cult does not mature toward life. A cult hardens around the belief. It can begin with healing and end with injury. It can begin with freedom and end with obedience. It can begin with purity and end with isolation. It can begin with happiness and end with the loss of happiness. And I would dare to claim, directly, that cults, if followed far enough, invariably end with some form of loss of life, loss of happiness, or both. Sometimes the loss is literal death. Sometimes it is the death of judgment, trust, family, freedom, or the ability to ask for help.

That is the mirror difference.

Religion (starting with a capital letter) helps a person stand before fear, pain, birth, illness, and death without being alone. A cult isolates the person exactly when help is most needed. Religion says life is sacred; non-negotiable. A cult places life at risk while using sacred language.

So no, I do not see the free birth movement as religion.

I see it as a cult-like social formation built around a medical risk.

It takes one of the most profound human events — birth — and wraps it in the language of freedom. It takes a legitimate desire not to be humiliated, not to be cut unnecessarily, not to be

rushed, not to be ignored, and turns it into suspicion of rescue. It takes nature, which is beautiful but indifferent, and gives it moral authority. It takes medicine, which is imperfect but life-saving, and turns it into contamination.

That is not religion.

That is cult logic attached to a medical event.

And equating it with religion is not only intellectually dishonest, but plain dangerous.

With that clarity achieved, I thought it was the right place to finish my essay.

Birth is not a slogan. Birth is not a purity test. Birth is not an Instagram sacrament. Birth is biology. And biology does not negotiate with ideology.

A woman deserves dignity in childbirth. She deserves respect, tenderness, privacy, and as much control as safety allows. She deserves medicine that listens. But she also deserves a door that opens fast when nature stops being gentle.

The baby deserves that too.

And I hope people read Boris's article before they need it.