THE NESTING INSTINCT

Nesting is something that everyone knows about. Expectant mothers trawl through baby-product shops and catalogues; put up a fresh coat of paint and new curtains and pretty stickers to decorate the baby's room; clean windows and freeze meals in preparation for the birth. It's all called nesting.

We know that many animals make nests of leaves and straw and bark and rags and anything else available to them in which to birth and rear their young. The family pet cat or bitch will have sought a quiet, safe spot where she is not likely to be interrupted. There seems to be an instinctive pathway in the brain of a soon-to-be mother that sets her on a deliberate pattern of preparation.

As with most human activity, subtle, intuitive patterns are easily overshadowed by learned behaviours. But as we peel back layers of social compliance – having the right sort of cot or pram or baby clothes – and personal choice in preparing the home for the arrival of a new baby, there is a core instinct that has a significant impact on the way we actually give birth.

I have witnessed women nesting in a way that has convinced me that it is indeed a primal and internally driven phenomenon. Despite being a mother myself, and working in midwifery for 30 years, I have only recently paid much attention to the maternal nesting instinct. It's not a topic that is dealt with in midwifery or obstetric literature. I now see that this nesting instinct is a key to working with the natural process in birth.

The nesting instinct, as opposed to general nesting, reaches a peak in the hours preceding a birth. It drives a woman to get herself ready.

When a woman is unmedicated, and anticipates spontaneous birth, nesting ceases abruptly when she surrenders to the immense power of her birthing work. That is often the point at which she realises her baby is "coming, ready or not". Her senses are on full alert. Any stimulation other than the work of giving birth will frustrate and upset her. She demands quietness, stillness, and focuses intensely on her work.

In technologically managed birth, nesting often ceases or is minimised when a woman is admitted to hospital. The learned expectation is that her carer, or the 'system' will provide whatever is needed. This knowledge overrides her primitive instinctual knowledge that she must prepare a safe nest.

A woman who intends to give birth in hospital under her own power will make decisions about when to go to hospital, weighing up the cost and benefit of early versus late arrival. Getting to hospital can be a very 'unnatural' aspect of childbirth, an interruption of the natural process.

The one who arrives at the hospital in early labour will usually experience a reduction in the frequency and strength of her contractions. She is, in fact, checking the environment – using senses of sight, hearing, smell and touch. She sees the room and the staff; hears buzzers and calls on the PA system and the admitting midwife or doctor or student and possibly other women's birthing sounds; experiences the smell that she associates with other hospital experiences; and touches surfaces with which she is not familiar. Only when she is able to accept the place allocated to her as her new nest is she free to get on with the work of labour. If given time, labour will progress.

Some labours 'fizzle' at this point, and the decision to go home and await spontaneous labour, or to accept induction, will need to be made. Without being conscious of the reason, many women in this difficult situation are probably unable to progress with labour because of some physical or emotional barrier within the environment.

This is not restricted to hospital either. A woman planning to give birth at home can experience stalling of progress after some change. A newcomer in the room can do it. In nesting terms, the nest is, at that moment, no longer a safe place. Unless the nesting instinct can be satisfied the woman will be upset and progress interrupted.

Another woman makes a temporary nest at home, and goes to hospital when she feels the urgent need, and when it really doesn't matter to which room she is allocated, or who is in attendance. This woman will take into account the way she expects her labour to progress, and whatever else she needs to do before giving birth. She assesses the time needed to arrange care for other children, and time spent travelling to hospital, and anything else she considers important. The woman who is confident in her birthing ability will usually manage these calculations well.

I have a memory that supports this strategy from stories I heard as a child in the 1950s and 60s. A woman who needed to get from the farm to hospital in a country town would pack sandwiches and a flask of tea for the husband and herself. Upon arriving in the town she decided if she was ready to commit to the birth. If she did not feel quite ready, the local park, which was often situated close to the hospital, became the temporary stopping point. By delaying her arrival at the hospital she delayed the point at which she became a passive recipient of the standard care of the day. She may even have avoided the big soap and water enema and full shave. This woman had no idealistic notions of a midwife with whom she would work in a trusting partnership. The midwife was likely to be seen as an inflexible, controlling, frustrated creature. The local doctor who would be called when the birth was imminent was the person the woman trusted. Indeed the local doctor in that era probably had a sound respect for the natural process, and would have been reluctant to interfere without a good reason.

The woman who is using her primal nesting instinct to guide her into her birthing will also consider who is with her at the time. The nest is made up of the people with whom she is in contact with during labour, as well as the physical environment. It is no surprise that research has assured us that women who are labouring in the care of a known midwife are less likely to request medical options for pain management, and report increased levels of satisfaction with their care. However hospital birth in Australia rarely allows a woman this sort of care. Going to hospital means having a midwife who works the shift at the time being allocated to provide the care. When the shift ends another midwife arrives. This appearance of strangers in the presence of the labouring woman must have profound implications for the nesting instinct.

In working with the natural birthing process I have observed many awesome phenomena. The nesting instinct takes a woman into a quiet, unstimulating space so that she can progress without interruption; it makes her cross when she is being hindered from doing the work she must do; it makes her draw away, if she can, from people or stimuli that are unhelpful; and it will also allow her to change her plan, to move her nest, if she believes that is needed.

The nesting instinct is a built-in protective force for a mother and her child.

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