

Pearls of Tomorrow: Birth Intervention and the Astrological Face of the New Generation

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A Different World

Imagine a world where the 'sameness' of characteristics abound. Try and visualise a society that is built on people with similar ideologies and philosophies, where people have comparable goals, desire the same things and have similar views on how society should be shaped and how people should behave. And with this in mind, imagine a world where the absence of individuality proliferates, to be replaced with collective interests, where the intellectual is valued more highly than the physical, where interaction with the outside world is valued higher than our relationships with family and our community and where science ultimately prevails over nature. While we live through a technological revolution, we see aspects of our lives and attitudes forever changing. We can see more and more facets of nature being controlled, as is evident with the phenomenon of increasing medical intervention in childbirth, where the natural has now been replaced with the clinical and where we have opened a gateway to controlled reproduction. In the society we live in today, it would be interesting to know how many people, if offered the choice to have a perfect child, would take it.

Step forward to a dinner party in 2025. Somebody mentions the amount that the Smiths have paid to make sure their next daughter has blue eyes. Wouldn't it have been better spent on making her musical?

(Editorial, *Economist* 14 April 2005)

This may sound far-fetched, but this process is starting to unfold in our society right now. As astrologers, we know that everyone has a different birth chart, each with a unique set of characteristics blueprinted onto the horoscope that, depending on the time and place of birth, gives us some insight into the individual's personality and potential. We interpret the

planetary positions and those of other heavenly bodies in the sky at the time of birth by their sign and their house, the aspects between them, and take special note of the angles of the birth chart which are so unique to the individual's birth time and place.

However, the uniqueness of individual horoscopes is now in the process of modification. Due to medical intervention – mainly elected Caesarean sections – there is now a significant number of babies being born within a certain part of the day – that is, between the working hours of 9am-5pm – and the number of these births in our population is increasing at an alarming rate.

There is in many cases a medical need for Caesarean births, as there is for interventions, and these methods should not be ruled out when risk is involved. However, intervention is become a fast-growing trend, even when it is not medically necessary, and high numbers of Caesarean rates have astrological implications which will be discussed later.

How Did We Arrive At This?

It is not often noted that, in many societies today, a birth is classified as 'natural' or 'spontaneous' when a mother is temporarily allocated to a maternity ward, has oxytocin fed through a drip to aid contractions, an epidural in the back to assist with pain relief, electronic monitoring over her belly to assess the baby's heartbeat and stress levels and possibly a tube inserted to drain the bladder. She may have had additional scans, has possibly already had her membranes ruptured (waters broken) to 'speed her up' and several internal examinations to gauge 'where she is at'. These procedures are now standardised protocols in maternity wards and are considered 'normal'. Thus, the definition and meaning we attribute to 'intervention' has rapidly been re-defined over the past decades and integrated into the 'normal' birthing process. It is useful for us to consider the attitudes towards birth that are reflected by these changes and there is evidence that intervention (often justified or extended due to medical risk) can transform what was recently (and historically) considered a normal or natural procedure – childbirth – into a clinical or pathological one.

Over the last thirty years, medicalisation has escalated with the aid of technology, leading to treatments such as IVF, fertility treatment, sperm and egg donor insemination (often a trade-off by the NHS for those who cannot afford IVF), surrogacy, scanning machines, foetal monitoring machines, foetal medicine and surgery, an assortment of medication which can be administered for pain relief during labour, hormone stimulants to aid contractions, instrumental births such as forceps and ventouse and Caesarean sections. We are now able to clone human DNA and will soon be able to perform womb transplants (Smith, 2006, p. 1). Prospective mothers are able to terminate pregnancies up to 24 weeks based on unfavourable test results, yet some babies can survive if prematurely born at around 22 weeks.

It is clear that the attitudes toward birth and child rearing have changed in the past decades, as has the parenting experience – and there is evidence that this will continue to change, given the technological and time-driven society we live in. Barbara Katz Rothman talks about how parents today make radical decisions about their children and raises the point that parents are insistent on controlling the type of child they will be parenting. She writes that the choices are endless. Reminding us of technological progression, she asks: Did this start with how the birth should take place, or before, when character traits and abilities (or disabilities) are primary factors for selection? Parents often believe it is their right in their relationship with their child to make such decisions. She asks: 'Do we eventually want to "order them", to have them custom made?' (Katz Rothman, 1998, p. 211). She cautions us to be wise to think about what choices we should make for our children, and what choices we think we have control over. There are several feminist debates as to whether women

really do have control over their bodies; if they really are making informed choices or are being coerced by a male-dominated profession.

Reasons for Increase in Intervened Births

There are several factors that have led to the rise in intervened births (mainly elected Caesareans), and this discussion is too lengthy to present in full here. There are of course several medical reasons as to why women are required to have a Caesarean birth, and although there will always remain a medical need, the medical reasons have been extended over the past decades. First-born babies are being born to women who are older and this increases the medical risk. There are also several non-medical reasons why the volume of these procedures is escalating. There are social and economic reasons such as the fear of litigation endemic in hospital practice and policy, financial incentives for obstetricians to conduct Caesareans (as they get paid more for this procedure). We can also see a pattern with people in higher socio-economic brackets to be more likely to have a Caesarean, possibly due to the increased age of the mother in this group, and to those with private medical insurance policies. Hospital rotas with more staff working in the daytime are also an indicator. Women are having fewer babies and therefore want a more controlled procedure.

Fashion is another indicator (particularly with celebrity endorsement), as well as a fear of risks associated with natural birthing, such as diminished sexual experience, or other convenience factors.

Numbers of Caesarean births differ around the world due to the ratio between obstetricians and midwives: those places where there are more obstetricians there are more Caesareans, and on the other hand where midwives have a stronger position, the Caesarean rate is significantly lower.

Obstetrician Michel Odent believes operative deliveries to be a product of a self-destructive society. He makes correlations between crime rate and Caesarean sections around the globe. Holland, which has 15 per thousand criminal cases per year, has a relatively low Caesarean rate compared to countries such as Italy, which has 41 per thousand criminal cases per year and which has a high Caesarean rate. Odent views crime rates of cities and countries as a predictor for obstetrical intervention. Areas he has studied are San Paolo, Rio de Janeiro, Mexico City, Athens, Rome – all of which have high crime rates compared to Amsterdam, Tokyo or Stockholm, which have comparatively low rates. Places which have average crime rates and subsequently average Caesarean rates are London, Paris, Frankfurt and Sydney (Odent, 2002).

Odent proposes that the incapacity to love is based on an urge for self-destructiveness, which is rooted in the first interaction, or non-interaction, between mother and child. He states that disturbing initial interaction in some form or another between mother and baby is cross-cultural and that any culture that needs to develop aggression and has the ability to destroy life will develop rituals and cultural beliefs in the period around birth. He argues that rituals such as rushing to cut the cord, bathing, rubbing, foot binding, 'smoking' the baby, piercing the ears of little girls and opening the doors in cold environments will be invented by any culture or society that is threatened with survival (Odent, 2004).

When Uranus and Pluto were conjunct in Virgo in the 1960s, we saw signs of the technological revolution to come and a sexual revolution initiated by the invention of the contraceptive pill. From there we have seen a growth in technologies for reproduction, with innovations in childbirth that will change human history in a very short span of time.

As a product of the Uranus/Pluto in Virgo generation, as well as a mother whose obstetricians tried (unsuccessfully) to force a Caesarean section birth (twice), I find that there

is much to be learned about this global phenomenon which appears to be getting out of hand. The Uranus/Pluto generation has a collective need to perfect aspects of society and birth – along with death – is part of the medicalisation process where efficiency is primary and everything is scheduled, processed and routine to minimise potential risk. We are the Virgo generation who, with the shadow of Pisces, suffer some paranoia and loss of control, which could be projected onto the next generation. We are the parents who have armed our children with mobile phones, we have brought in legislation to microchip our pets and now, in some countries, our children.

We see a new generation of children who are naturally driven by logical thinking and educated not by knowledge but by occupational aspirations, and whose preferred social interaction is through technological means rather than face to face encounters.

The changes in the childbirth process will bring a new theory of the child and new social pressures and risks we are not yet fully aware of, but astrology does offer some insight into its effects.

Heading For a 100% Caesarean Society?

Despite warnings from various global and national health organisations, Caesarean section birth rates in England have increased from 2.7% in 1953 to 11.3% in 1990, 19.2% in 1998, 23.5% in 2006 and 24.6% in 2008. Over 47% of the 2008 rates were recorded as elected Caesarean sections (Birthchoice, 2009). In 2008, Scotland recorded average rates of 25.8% and Wales 26.1% Caesarean births. Northern Ireland has not recorded rates since 2004, when they were 26%.

There is a concern that these increases will give rise to a 100% Caesarean society. Professor Nick Fisk from Queen Charlottes Hospital, London – which has one of the highest Caesarean rates in the UK – predicts that Caesarean rates will reach 50% within a couple of years (Kitzenger, 2005, p. 74).

Philip Steer, obstetrician from the Imperial College School of Medicine, views the Caesarean method of childbirth as an unavoidable part of human evolution. He is eager for the Caesarean procedure to become normalised to the extent that opting for a Caesarean will no longer be a choice but a matter of course and that spontaneous births are treated as 'something to fall back on' (Steer, 1998, p. 1054). Steer is not alone in this viewpoint and has several colleagues who are in agreement with him.

This is not just a western phenomenon but one that extends to the many parts of the world where Caesarean births are highly valued and considered elitist and therefore more fashionable. Although method of delivery is not recorded in parts of India, Madras has now reached Caesarean rates of 45%, Shanghai in China has 32% and, in 2001, Brazil recorded 72% (Kitzenger, 2005, p. 76).

Once again I would like to add that this is not intended as criticism of medical intervention where required, and there are, of course, many countries and regions around the world which have not been able to get the assistance for emergency Caesareans that are needed for those who are under severe and urgent medical risk.

The Changing Patterns of Birth Day and Birth Times

It would be reasonable to expect that the distribution of births would occur randomly throughout the 24-hour day. Although there is limited research available, the distribution of births within a 24-hour period has been found to be historically less random and time patterns of births are more likely to be grouped in specific parts of the day. This pattern is

not dissimilar to studies of the time of death, where people have been found to be more likely to die at certain times of the day (Young, 1988).

Research conducted by Kaiser and Halberg reviewed over ten published studies on the hourly incidence of birth (excluding intervened births) for 601,000 non-induced births in Europe, the UK and USA between the years 1848-1960. They found that births were more likely to occur between 3am-6am and were less likely to occur between 3pm-6pm. There was an even lesser chance for births to occur between 6am-9am. They also conducted a weekday analysis and found births were more likely to occur on Sundays and less likely to occur on Tuesdays (Kaiser & Halberg, 1962, pp. 1057-1067).

Chamberlain et al., in studies of British births from the year 1970, echoed many of Kaiser's findings but included all births that involved intervention. They found that although spontaneous deliveries of babies occurred more randomly around the 24-hour time period, Caesarean births had a significantly higher daytime delivery and, in particular, occurred in the morning (Chamberlain et al., 1978, p. 148).

Macfarlane's research found that if elected Caesareans continue to increase, so will the rate of weekday births. There will continue to be a decrease for weekend births and an even greater decline of birth rates on public holidays, particularly the Christmas period and other national holidays (Macfarlane, 2001). Macfarlane's findings concluded that births today are more likely to occur on Tuesdays rather than Sundays.

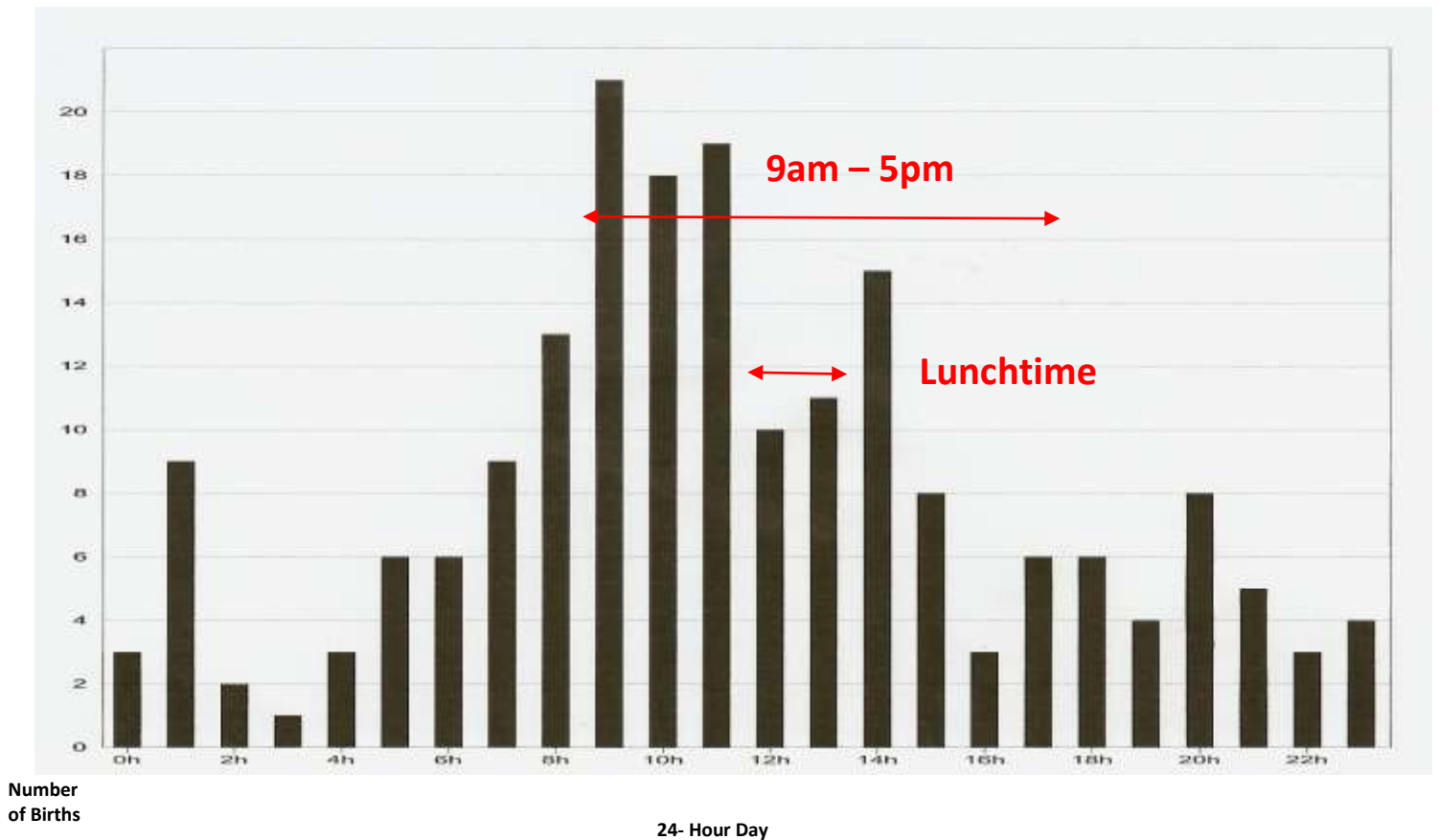
Pilot Research

A pilot study was conducted for this research to assess the times of birth within a 24-hour period for those born by Caesarean section. Data were obtained from volunteers who responded to internet advertisements. Birth date, time and place were requested for people born by Caesarean section, and all other personal details kept anonymous.

Data was collected from 193 people from around the globe who were born by Caesarean section from 1931 to 2003. The individuals who took part were either reporting on their own births or were mothers who were reporting on the circumstances of the birth of their children. The data include both elected and emergency Caesareans and are shown in figure 1.

It was found that 60% of Caesarean births occurred in the 8 hours between 8am-4pm, most of which were conducted in the morning, with numbers trailing off in the afternoon, and a significant drop during the lunchtime period of 12pm-2pm. The remaining 40% were born outside these hours and were randomly born within the remaining 16 hours of the day.

Figure 1: Pilot Study of 193 Caesarean Births by Time of Birth



If we translate this information into the placement of the Sun through the astrological houses (Placidus), we see that the Sun’s position resides predominantly in the top half of the chart (see figure 2).

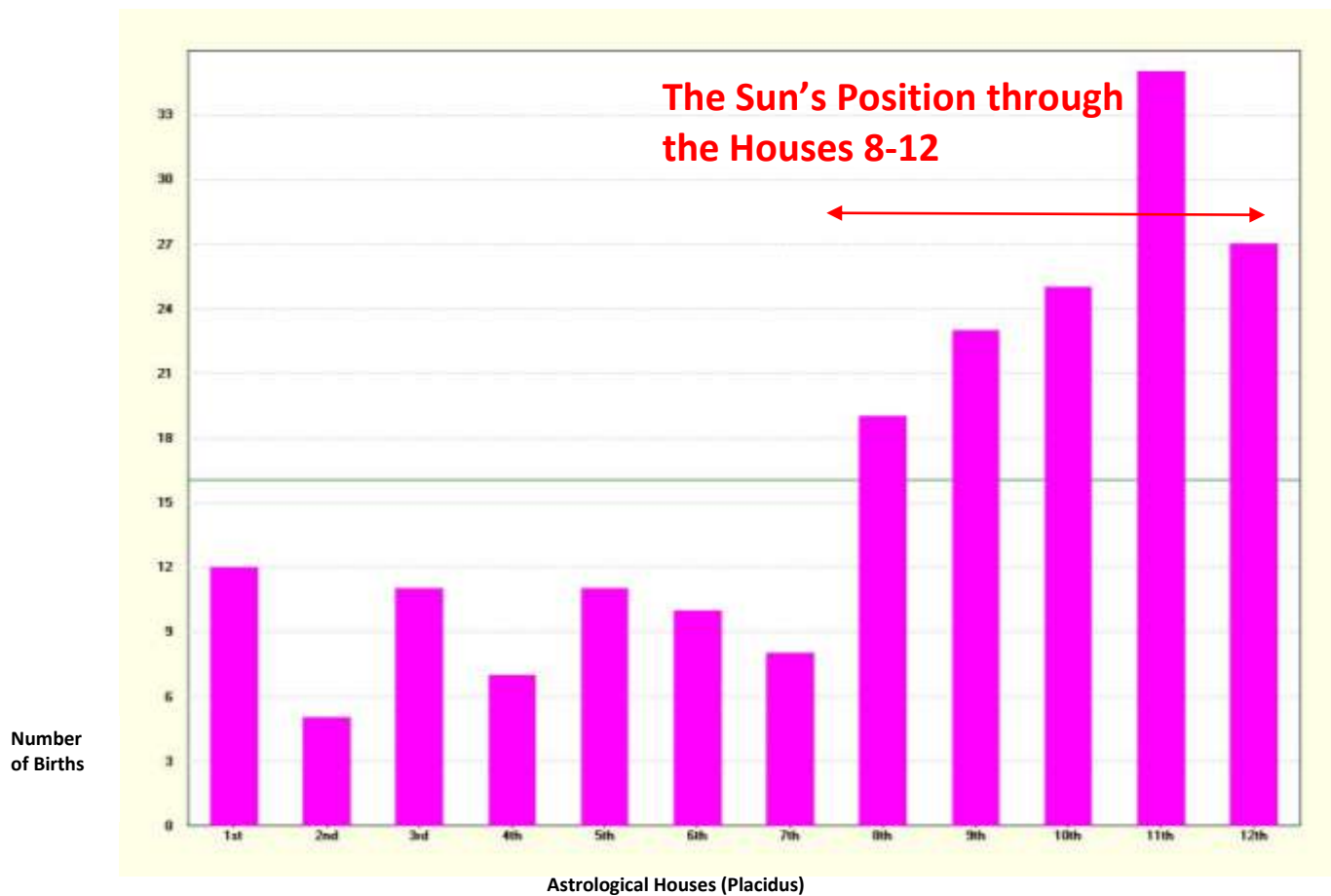
What this means is that while we have an increasing number of babies being born by Caesarean section (mainly elected), who will subsequently be born within working daylight hours, their horoscopes will have a predisposition to having the Sun in the top part of the chart. This, of course, is not a problem for the individuals concerned, and many babies are born randomly during these times and have this Sun placement. What may be a problem is that the growing number of people in society being born with these ‘same’ astrological emphases, resulting in an imbalance of astrological signatures in society.

Additionally, as Mercury and Venus are so close to the Sun at any time, these planets will also have a propensity to reside in the top part of the chart.

Conversely, there will be a growing absence of the Sun, Mercury and Venus’s position in the lower hemisphere of the chart. There will be a lower number of people with these planets in the first house through to the sixth houses; that is, less possibility of these planets being placed in their natural houses (Sun in the 5th, Mercury in the 3rd and 6th, Venus in the 2nd).

Depending on the time of year, we will also come to expect other planets to reside in particular hemispheres of the chart. For example, if the majority of our population are being born during working hours, then through the month of July, while the Sun travels through Cancer and Leo, Uranus, Neptune and Pluto at their current position would reside in the lower hemisphere of the chart.

Figure 2: Pilot Study of 193 Caesarean Births by Time of Birth: The Sun through the Astrological Houses



This pilot study gives some information about a pattern emerging for those born by Caesarean section. However, as the pilot is a small sample size and does not differentiate between elected and emergency Caesareans, a further, larger study of time of birth would be necessary to be able to explore patterns of birth and test these findings.

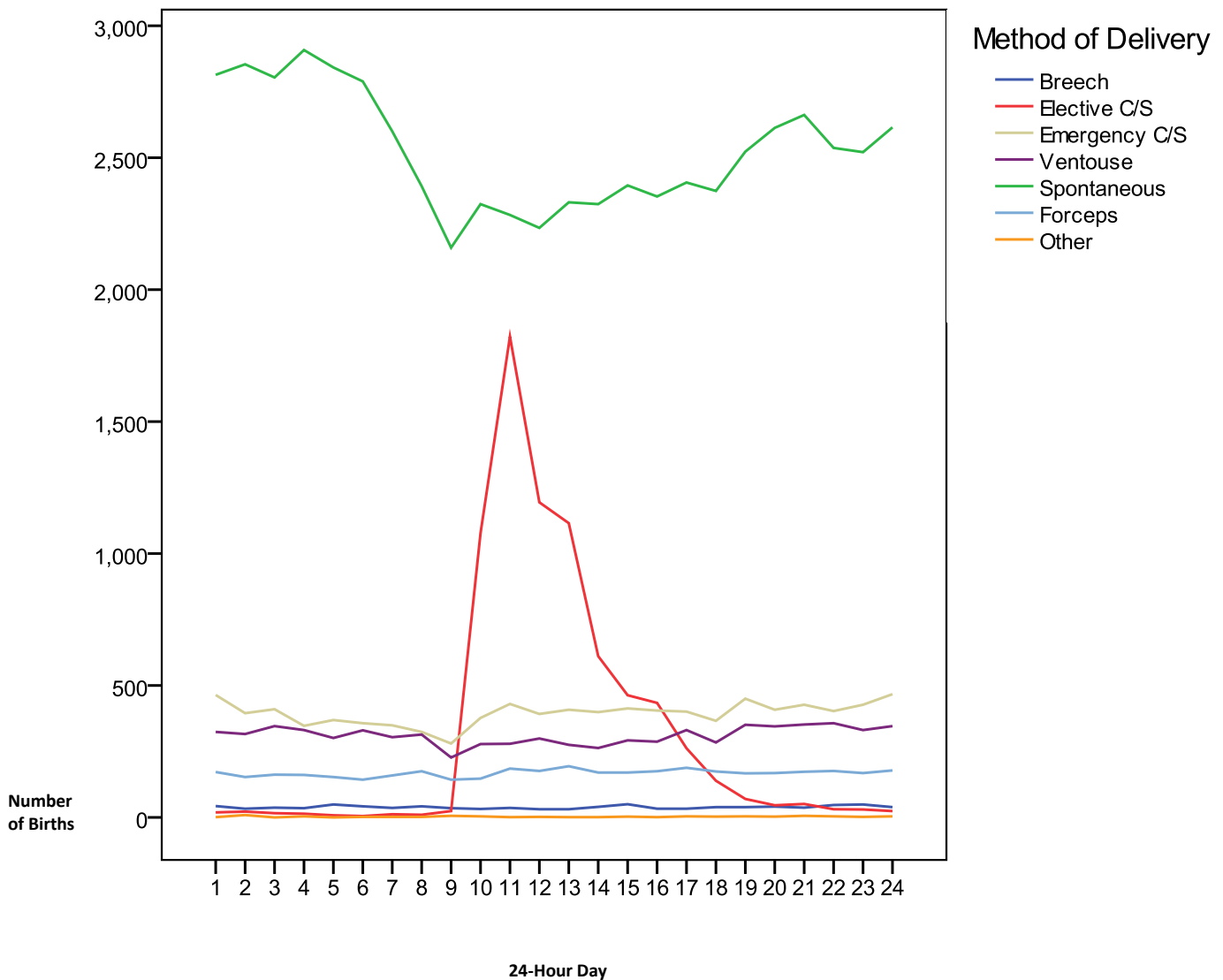
Further Research

Permission was granted to gain access to and analyse an anonymous secondary data collection from a region in the southwest of the UK. The data consisted of all regional births recorded (90,115 in total), and born between the years 1990-2008. This data is currently being analysed further and will be published fully when completed. Early indications support the above findings.

One of the main points of analysis was to assess whether the majority of births conducted in daylight working hours were a consequence of increased rates of intervention, particularly with elected Caesareans.

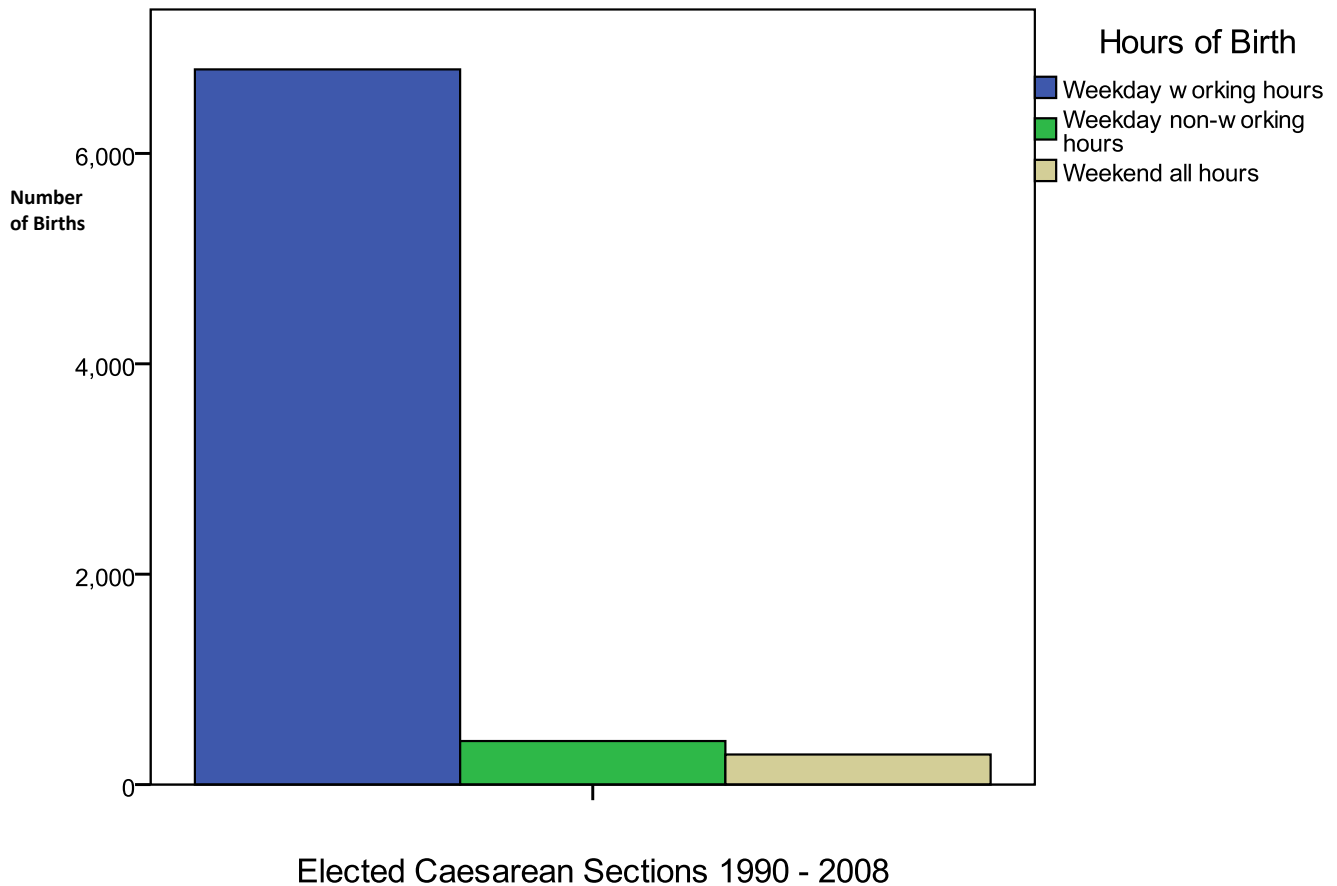
Figure 3 tells us at what hour within a 24-hour period each of the 90,115 births in the data set took place and by which mode of delivery. Although the majority of births are somewhat randomly distributed throughout the 24-hour period, what is evident here are the highly concentrated hours between 9am- 4pm for those who are born by elected Caesareans (red line) and the dip of spontaneous births (green line) during these hours.

Figure 3: Method of Delivery by Time of Birth for 90,115 Births, for the Years 1990-2008



From the dataset, elected Caesareans constituted 8.3% of the total births (7,479) over the eighteen-year period. Of course, the majority of these elected births were conducted in the more recent years. To test Macfarlane's theory that the rise in elected Caesarean births will show an increase in week day births, an analysis of week day with time of day was conducted on the elected Caesarean births only. The births have been broken down into three categories, 1) those who are born between 9am to 5pm, Monday to Friday (blue), 2) those born during Monday to Friday outside of the working hours (green), and 3) births that are conducted on the weekend (beige). What this analysis tells us is that the significant majority of elected Caesareans are being conducted from Monday to Friday and within the working hours of 9am to 5pm.

Figure 4: Elected Caesareans – Working Week Days and Hours for 7,479 Births, for the Years 1990-2008



What Does this Mean for Astrology?

As there is a predisposition for the Sun, Mercury and Venus to be located in the top part of the natal chart, the upper hemisphere will therefore be spotlighted with the Sun and potentially two personal planets. This hemisphere of the chart is associated with other people and the collective, and a larger proportion of individuals with the Sun, Mercury and Venus in this portion of the chart may indicate that society in general will become more preoccupied with others and the collective and have little interest in the self, childhood, personal development and what has gone before. When a majority of society is born with these attributes there could be a 'collective disconnection' from the personal.

In his book on the *Twelve Houses*, Howard Sasportas describes the first four houses as where we make sense of our existence; it is where we become conscious and where we learn to understand our body, our mind, our background and our feelings (Sasportas, 1985, p. 111). The fifth house is where we find a way to express ourselves, be confident, learn where we are special and where we are able to create – and, interestingly, to reproduce! The sixth house teaches us to discriminate and shows where we draw distinction, it tells us about our practical nature and attitudes towards work and health. Of course, even with a Caesarean culture there will be other planets, the Moon and other significant points which may reside in these houses, but the specific effect of the innermost planets – the Sun, Mercury and Venus – in these houses will have a significant effect.

It is important once again to re-iterate that this is not to criticise these configurations or the individuals who have them. The concern here is that there will be an extreme amount of these characteristics within a Caesarean-born society which will dominate, perpetuate and govern a very different and imbalanced collective psychology.

The graph below highlights the Sun and Ascendant combinations which, due to the increase of daytime births, are in rapid decline. The red squares marked with an 'X' show the Sun and Ascendant combinations that cannot exist for births being born between 9am-5pm. The pink question marks will depend on the time of the year, the location a child is born in and long and short ascension.

It is disconcerting to realise that the probability of people, for example, being born with Pisces Sun and Scorpio rising, or Capricorn Sun and Libra rising, are on the decline, and the chance of being born with an Aquarian Sun with Gemini rising could be up to three times more probable. As mentioned, this astrological signature is not so much of a problem from an individual psychological perspective, but more what this could mean for astrology and how we evaluate a society astrologically with such limited and focused astrological signatures.

Figure 5: Sun and Ascendant Combinations Which Will Decline

☉ A _S	♈	♉	♊	♋	♌	♍	♎	♏	♐	♑	♒	♓
♈	?	X	X	X	X	X	?					
♉		?	X	X	X	X	X	?				
♊			?	X	X	X	X	X	?			
♋				?	X	X	X	X	X	?		
♌					?	X	X	X	X	X	?	
♍						?	X	X	X	X	X	?
♎	?						?	X	X	X	X	X
♏	X	?						?	X	X	X	X
♐	X	X	?						?	X	X	X
♑	X	X	X	?						?	X	X
♒	X	X	X	X	?						?	X
♓	X	X	X	X	X	?						?

When you have a limited number of Sun and Ascendant possibilities, this will have an impact on rulerships. For example, as astrologers we place great emphasis on the chart ruler, the

ruler of the sign on the Ascendant. If we are heading for a 100% Caesarean society (or a majority) where births are performed between 9am–5pm, and for example when the Sun is travelling through Libra, the only Ascendants possible are Libra through to Aries. If someone was born when the Sun just starts its journey into Libra, the only possible five Ascendants would be Libra to Aquarius, giving Venus, Mars, Pluto, Jupiter, Saturn and Uranus the only possible chart rulers. If they were born at when the Sun is travelling through the end of Libra, they have the more possibilities of Ascendants which are Scorpio through to Aries.

In terms of traditional astrology, the majority of charts will be diurnal, which will have implications on interpretation of horary, electional, mundane and other chart reading methods.

What Would Gauquelin Say?

Michel Gauquelin, a psychologist, statistician, author of numerous books and neo-astrologer (a term he labelled himself), conducted the largest amount of research to date on astrology, using data from over 30,000 people. He found that certain planets rising (over the horizon) and culminating (at the zenith of the sky) at the time of birth – which are called the plus zones, Gauquelin zones or zones of high intensity – were linked to certain psychological temperaments. This in turn provided enough information to be linked to specific occupations, personality character traits and hereditary factors for the Moon, Venus, Mars, Jupiter and Saturn, although Venus was not found to be significant with regard to occupation (Gauquelin, 1969, 1973, 1980).

Gauquelin would have argued that hereditary factors would not be present in individuals born by intervention methods, however he would have recognised the planetary effect. Based on Gauquelin's theory, as more people are being born with Venus rising or culminating, we would expect to find an increasing amount of people in society emanating Venusian character traits.

Our research so far has allowed us to establish two lists of traits that seem to go with Venus. There is less statistical correlation between these traits and the planet than there is with the Moon and the other planets, but it does allow us to offer a preliminary portrait of the Venus temperament. These following twenty traits apply to people born with Venus in a zone of high intensity.

affable	elegant	loved	amiable
elusive	obliging	attractive	flatterer
pleasant	benevolent	gallant	poetic
charming	gentle	polite	considerate
gracious	seductive	courteous	juvenile

He also goes on to describe about twenty traits *that hardly ever* seem to go with people who are born with Venus in a zone of high intensity. These characteristics are:

aggressive	exuberant	resolute	brusque
feverish	straight to the point	choleric	fierce
strenuous	direct	frank	tough
discreet	hard	unpleasant	excessive
passionate	violent	quarrelsome	explosive

As with the other planets, the Venus temperament bands together a very disparate set of individuals. The portraits that follow will often reveal important differences

between them but, again, there is a common bond or basis of personality they all share. The Venus character also has a passive side to it so that individuals who are influenced by this planet can suffer problems in achieving their full potential. It is very easy for them to be slack. A certain talent for compromise also exists which can surprise people who do not accept the very Venesian proverb that it is not always good to tell the whole truth and nothing but the truth.

(Gauquelin, 1980, p. 134).

Gauquelin's second list demonstrates to astrologers an almost lack of Martian qualities. So what does this mean for a society that is organised to have more Venesian temperaments than Martian ones, to serve rather than initiate, to appease rather than conflict, to be passive rather than passionate? Are we banishing Adam or the archetype of the God Mars to a limited corner of society where the only way to express himself is in the labour ward?

It is possible that, with the Sun and Mercury gaining a predisposition in the plus zones, Gauquelin may have re-visited exploring these two planets by character traits, hereditary dispositions and specific occupations? He would have most likely also addressed the growing intervention problem as he was not in favour of Caesarean births, for all Caesareans are premature births, and it went against the natural rhythm of childbirth and the cosmic and biological triggering of birth.

Other Considerations

There is very little research to date assessing whether Caesarean section births have any physiological or psychological effects on babies in their future development or in any area of their life. The mainstreaming of Caesarean births is relatively recent (mainly within the last two decades), so it is difficult to ascertain whether they will have any such effects (Churchill, 1997, p. 97).

Research has also been conducted by Dr Arthur Janov, Obstetrician Michel Odent, Stanislav Grof and Richard Tarnas, who have analysed the trauma of birth and how this affects the individual later in life (for example Grof, 1993; Janov 1991) and have interesting material on how the Caesarean phenomenon can be analysed from a more psychological perspective.

The website *Caesarean Voices* which was created by Jane English, author of *Different Doorway: Adventures of a Caesarean* (1985), is a site for those who are born by Caesarean and offers support and networking to those who feel they need it.

Conclusion

We live in a world where our planet is suffering due to our behaviour. Technological advancements, along with several medical, social and economic factors, have taken childbirth from a 'natural' procedure to a 'clinical' one, resulting in the medicalisation of childbirth, which runs the risk of completely removing the natural part of the process involved. What impact does this potentially have on our society? Technology has created reproductive opportunities for parents and often successfully eradicates risk in pregnancy and birth, but what are the potential social costs of these changes? Is there a trade-off between efficiency and meaning?

There also appears to be a larger question at stake: if there is no need to give birth anymore, is there any need to be pregnant? If there is no need to be pregnant, why do we procreate? The effects on society of the rapid changes that are occurring in the childbirth process in recent decades are as yet unknown. The attempt to improve the chances of life has arguably led to intervene with tools on deck to control the situation, alleviating any potentially difficult

or dangerous possibilities – but what we have constructed instead, by trying to replace chance with choice, without aim or foresight, is the construction of not only a baby industry (from which there is no going back), but also an unknowable future. We have no measure of the risk, if any; we have imposed on future generations.

However, astrology offers us some insight into what we can expect future generations to 'look like' if we head for a 100% Caesarean-born society which many health professionals predict will occur soon. If, as we have seen, the majority of the population will have the Sun, Mercury and Venus residing in the Southern (upper) Hemisphere of the horoscope, this is likely to create dominant character traits within a society. These character traits are common for many of those born randomly through the day, but present a problem when almost an entire society has the same planetary emphases, along with an absence of other emphases. This presents a social psychology problem which we have never faced before.

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