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Contemporary Ukrainian Home Birth Customs

by

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*Моїй мамі Катерині
присвячується*

*This work is dedicated
to my mother
Kateryna*

Abstract

This thesis examines contemporary homebirth practices in Ukraine. Following an overview of the Ukrainian ethnographic literature on childbirth as a life cycle event, this work explores contemporary childbirth as practised in the hospital setting and at home.

Childbirth helps understand better the worldview of Ukrainians, their beliefs and values. Today, people who choose homebirth in Ukraine view childbirth as an event that deeply transforms the whole family and is an integral part of their identity. Their ideas about nature, family values and what constitutes health have strengthened arguments against the conventional approach to almost every facet of life. Contemporary Ukrainian homebirth practices also shed some light on the other dynamic processes in contemporary Ukrainian society, such as the distribution of power, gender issues, traditional family values and their (in)significance.

Preface

This thesis examines contemporary homebirth practices in Ukraine. It is an ethnography that opens up a folk group in Ukraine, which has not been researched before, since the scholarly interest of ethnologists and folklorists in that country is oriented mostly towards the past.

Following an overview of the Ukrainian ethnographic literature on this life cycle event, this work explores contemporary childbirth as practised in the hospital setting and at home. I attempt to document and interpret practices and beliefs of people who choose to give birth at home, thus making this phenomenon visible.

My methodology includes ethnographic fieldwork, as well as archival and textual research. The interviews with mothers and couples described in this work were carried out in 2009 – 2011, preceded by several years of my growing interest in homebirth and by numerous informal conversations on the topic. Some of the recorded interviews were part of my course work for the Ukrainian Folklore program at the University of Alberta, but most of them were conducted specifically for this research. My respondents are people in their middle 20s, 30s or 40s who live in different Ukrainian cities: Kyiv, L'viv, Zaporizhzhia, Dnipropetrovsk, Chernivtsi, Ivano-Frankivsk and in settlements on the outskirts of Kyiv. I knew some of those women who had hospital births, but it was the first time that I met those respondents who had homebirth. As will be explained later, the homebirth community in Ukraine is quite well interconnected. My

friend Yulia who lives in Kyiv and is interested in homebirth introduced me to other women who had had their children at home. My contacts in Zaporizhzhia started with an email conversation with Iana, followed by my visit to the city and my acquaintance with several of her friends and her midwife. All of my interviewees are educated professionals with various backgrounds and interests. We met with my respondents at their homes or in a cafe, most often together with their children, and sometimes with husbands. The interviews lasted from half an hour to several hours, especially those about homebirth. I am deeply grateful to these amazing people for their openness, courage, and willingness to share their experiences, as without them this study would not have been possible.

In Ukraine, the mainstream attitude towards homebirth is extremely negative. The medical authorities who have the power and access to shape general public opinion on this matter, often do so aggressively. The existence of homebirth is mostly ignored, and when ignoring is not possible, it is denounced as a dangerous and almost criminal practice.

It is important to remember, “an ethnography presents ... interpretation (of some aspect) of the ‘reality of human action’ and not merely a description of it” [Jacobson 4]. My goal in this thesis is to give the people who choose homebirth a voice, and to give people outside that community an introduction to their perspective. I do not claim that this research is objective. My personal experience includes both hospital and home births. Although I did not use my experiences in this work, I have my perspective on childbirth in general. I believe that women should have the right to choose the place to give birth to

their children, to be informed about the risks and benefits of each choice from different perspectives. I believe that women's religious views, personal beliefs and choices should be respected by childbirth attendants, no matter who they are. The data I have collected, and am now presenting and assessing in this work, is chosen and filtered through my belief system, through my interests, and through my training, which, in addition to an undergraduate arts degree, includes midwifery college education¹. Revealing my viewpoints and perspectives is important for the understanding of the arguments I present and the conclusions I draw. As David Hufford puts it, "reflexivity helps to control hidden bias" [Hufford 60].

As a folklorist I have learned to be sensitive to other cultures. My background and experiences have proved to be essential in the writing of this thesis. I would not have been able to interview people who had homebirth if I did not have this experience myself. I would not have been able to ask the questions I asked, and to have set aside my scholarly disbelief, if I had talked to them from a position of a medical professional. My diverse background allowed me to be both an insider and an outsider in the homebirth community, which, in my humble opinion, greatly benefits this work.

¹ Диплом акушерки з відзнакою Чернівецького медичного коледжу.

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I would like to express my deep respect and gratitude to Dr. Bohdan Medwidsky, the founder of the Ukrainian Folklore Program at the University of Alberta. Due to his love for folklore and tireless work in the first place, I have had the unparalleled opportunity to study here. I am also thankful to Dr. Medwidsky for his warm encouragement and support, especially during the last year, and for his humour that helped me get through the hard time, because *що то є супроти вічності* [it's nothing compared to eternity].

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I would like to thank my sister Nadia Zavorotna who taught me to read when I was three years old, and thus opened a whole new world for me, and who passed me her passion for learning. I thank my dear friend Lynnien Pawluk for her continuous support and her kindest heart. I am indebted to my friend Maria Stadnyk who spent hours diligently editing my work. I am thankful for her interest in my writing, for her help and generosity, and for her exemplary vitality. Finally, I am grateful to my family for their love that was always there for me.

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Introduction

– Childbirth, with the many artefacts and beliefs used in its management, certainly provides opportunities for learning about our own society.

Janet Ashford

The way women give birth is the integral part of any culture. Birth started to be considered a biomedical event only during the last century, and a pregnant woman was considered a “sick” person who needed appropriate “treatment”. Long before that, childbirth was viewed as a physiological function of the female body. Indeed, childbirth is the act of parturition.

There are rituals that accompany critical moments of human life, so called life cycle rituals. Biological childbirth, being an important and often scary event, is interlaced with ritual; the two are difficult to separate. Childbirth is viewed as a rite of passage, a transformation for a woman becoming a mother, a newborn coming forth to this world from the other, and for the family that is never the same after the birth of a child. All life cycle rituals, including childbirth, help us understand the worldview of the people, their attitude to life and death. It has its impact not only on the life of the individual being born, and his or her family, but also on the larger community and society in general. Birth customs and beliefs reveal people's values, their hopes and fears for and about human life.

“The physiological process of birth is a universal phenomenon, uniting women across culture and throughout history” [Bates & Newman Turner: 87]. Yet the attitudes towards birth in different cultures vary from patterning it as an

open social event, to which many people are welcomed, to an extremely secret happening with many variations in between [Newton & Newton: 11]. However, many peoples, including Ukrainians, have much in common regarding their birth customs. They all may have a different colour of wedding dress, before they become largely influenced by the western culture, but usually the costume for birth is the same all over the world: a woman is either naked or is wearing some kind of simple undershirt. They sing different wedding songs, but birth tends to happen quietly. A wedding gathers a great number of people, while birth is an intimate event and usually only a woman, her husband, and a midwife are present.

Birth stands out among rites of passage due to the uncertainty of the journey that has to be undertaken. In every such ritual, there is a symbolic or real death of an individual(s) on whom the ritual is performed, and then his or her re-birth in a different status. Birth and funeral rites are usually contrasted with the wedding. During a wedding, the death of the participants is symbolic. A bride, for instance, dies as a girl, and is born as a woman after the ritual. All the other participants of the ritual undergo similar changes. Normally, rituals surrounding death and birth engage only one component of the “death-birth” complex [Baiburin 1997: 7]. However, if a person is on a deathbed, the following death is inevitable and expected. In contrast, in birth, there is always a risk of dying: undesired but real. It may or may not happen. This uncertainty and unpredictability enhances the feeling of the close contact with the other world, and has impact on the beliefs of the people involved in birth.

* * *

This work is devoted to home birth customs in Ukraine. The number of women who give birth at home in this country is relatively small. There are no official statistics for the numbers. For medical authorities, it is more convenient to pretend that homebirth in Ukraine does not exist - with the exception of a few “insane” and “irresponsible” individuals. However, multiple schools that prepare parents for homebirth, websites and forums where dozens, if not hundreds, of people discuss their home birth experience, as well as my own fieldwork findings allow me to conclude that the number of people who choose home birth is in fact significant. It should not be ignored. In most cases, home birth is a conscious choice, with the parents’ motivation being strong. They often advocate for homebirth long after their children grow up. Thus, researching homebirth customs and beliefs in Ukraine today helps not only learn about a particular folk group, but also sheds some light on the other dynamic processes in contemporary Ukrainian society: the distribution of power, gender issues, traditional family values and their (in)significance, and identity construction.

I argue that people who choose to give birth at home in Ukraine constitute a distinct folk group. As any folk group, they share common beliefs, values, and a strong sense of belonging to the group, in spite of their rare, if any, personal interaction. Members of this group derive their knowledge about childbirth practices from the same sources: certain literature on gentle, natural and home birth (works by Grantly Dick-Read, Frederick Leboyer, Michel Odent), and the Internet. The information in the Internet is primarily based on the same

foundational publications, as well as personal experience narratives (mostly texts, but also video stories or images). When such people meet face to face, they acknowledge their common belonging to the group. They assume knowledge of certain ideas not only about childbirth, but also about other aspects of life, sharing of some beliefs, understanding the purpose of certain practices. My own experience of contacting people who had home births in Zaporizhzhia provides support to this argument. I approached a potential respondent via e-mail, without any mediators. Such an approach would normally be rejected, as homebirth often meets unfavourable reaction from outsiders in Ukraine. However, I was cordially welcomed. The women eagerly shared their homebirth experiences with me, because I had homebirth myself. They clearly saw me as a member of their group. I could speak their language.

As any other cultural group, people who choose homebirth develop their own way of giving birth shaped by their beliefs and manifested through the birth practices they choose. “It is the rituals surrounding childbirth that take it beyond an individual experience, which give it a specific cultural context, impose upon it a specific cultural interpretation and which relate the individual experience to a wider cosmology” [Bates & Newman Turner 87]. By examining particular practices of this group one can clearly see its values, its attitudes to the dominant medicalized model of giving birth, and how its members construct their specific group and individual identity.

Talking to my interviewees I was amazed by how often they made references to the past. Many of them explained their choice to have homebirth as

something done naturally and successfully in the past by their grandmothers, and therefore worth learning from. This inspired me to explore Ukrainian childbirth customs of the past to see whether they are revived today indeed. At the same time, I noticed that homebirth is often a rebellion against medical authorities, a rejection of the existing hospital practices, which steered me to examine what those practices are and how they are performed in hospitals today.

Birth has been researched the least among Ukrainian life cycle rituals. As mentioned above, one of the reasons is that childbirth is not a social event *per se* as are weddings or funerals. Usually only a few people are present during birth: a birthing woman, her husband (more frequently now than in the past), and a midwife. A midwife's art is often compared with that of a blacksmith, of a healer; her knowledge is often assigned sacral and/or supernatural origin. At the same time, midwifery is a craft, with knowledge and skills usually transferred from generation to generation through personal experience, or through helping people's births; a process of apprenticeship.

Another significant reason for the paucity of studied birth-related customs is the medicalization of birth. Women's lives, and especially their reproductive lives, have become increasingly medicalized over time. This term is used to describe the biomedical tendency to pathologize otherwise normal bodily processes and states [Inhorn 354]. Many expressions of women's physiology, including birth, have been proclaimed as pathologic conditions, diseases that need immediate biomedical intervention. Feminism has championed many women's health issues, and resisted the medicalization of birth in the West. However, in

Ukraine, this biomedical model of birth is still the only option officially offered, and the most widespread and powerful today. For this reason, non-medical rituals surrounding birth decreased, transformed or even disappeared. Traditional midwifery has been largely rejected. Thus, during the whole 20th century and until today, childbirth was and is viewed as a phenomenon in the realm of medicine rather than ethnography.

Russian researcher Belousova points out one more reason for the rejection of the traditional midwifery in the 20th century: “The Soviet authorities heavily promoted a positivist and materialist manner of thinking” [Belousova 2002: 50].¹ Therefore, it was unacceptable to admit that there were still supernatural beliefs related to childbirth, or any ritualistic activity other than the constructed Soviet rituals.

It is important for this study to differentiate between the biomedical and natural models of childbirth. The former was briefly defined above. It takes place in a hospital or a maternity home, and is attended by a medical professional, preferably a doctor. Moreover, it is actively managed by a doctor who sets the agenda and instructs the birthing woman, taking away her central agency in the process. According to the latter, birth is a normal physiological function of a woman’s body, and also an important spiritual event in the life of the family. Therefore, for an ideal birth, there is no better place than home, and no better participants than family members, with a midwife who is psychologically closely connected with the birthing woman and other participants. All of them influence

¹ Works by scholars who researched Soviet childbirth are in general very relevant to this study. Birth-related customs and rituals were changing in similar ways in Russia and Ukraine over the 20th century, since both were parts of the USSR for about 70 years (except for Western Ukraine).

the course of labour to some extent. The second and third chapters will discuss these two models in more detail. It is necessary to note that I use the term “natural birth” not in its direct meaning: as it happens in nature. It is clear that the natural model of birth is a construct. It is called natural, but it is not a pure nature,² as it is accompanied with plentiful ritual.

Childbirth customs are normally divided into three groups: prenatal, natal and postnatal, or those related to pregnancy, labour, and the after-birth period accordingly. In the Ukrainian tradition, deeply rooted in the peasant society, women tried to disguise their pregnancy as long as they could. Normally, they worked hard until the actual labour started. If compared with Arnold van Gennep's stages of this rite of passage, for Ukrainian women pregnancy was not a separation stage like in some other peoples' traditions. Although a pregnant woman was more vulnerable to the influence of natural and supernatural worlds, she was not isolated. Due to the perceived normalcy of her condition, we know much less about the Ukrainian prenatal customs of the past than about natal, and especially than postnatal - those that took place after the birth such as: the naming of the child, purification, visiting of the new mother, baptism, etc. These gradually and obviously shift to involving the close family-, the extended family-, and the community. Moreover, many detailed descriptions of childbirth in the ethnographic works of the end of the 19th – the beginning of the 20th century provide little or no accounts of people's attitudes towards it. We can only

² Birth into water is also considered a natural childbirth by most homebirth proponents. However, it is rarely found in nature among mammals.

speculate on what Ukrainians thought about childbirth in the past, whether it was meaningful for them, or not, and in what way.

Today, the focus has shifted, or rather expanded, in that more attention is being paid to pregnancy. New customs appear and elaborate rituals are being invented for this period: for example, embroidering a shirt for the baby, singing lullabies to the unborn baby, drawing smiling faces on the pregnant belly, dancing pregnant-belly-dances, etc. Labour receives much more attention as well: significantly - what to wear, where to be, what to think during the delivery, and so on, because these elements may have their positive or negative impact on the child being born. The period following birth, about two hours after the delivery, is connected with a second group of rituals. In the natural birth model, this period involves bonding: mother and baby should be in skin-to-skin contact for about two hours after the birth; modelling the body of the newborn by the midwife, in some cases pouring cold water over the newborn, or bathing it. The afterbirth customs in the biomedical model of birth consist of flowers presented to a new mother when taking her home from the hospital, and offering gifts, sometimes monetary, to the medical staff. The natural model customs involve a special sort of exercise (so-called “dynamic gymnastics”), swim lessons right from birth, carrying the baby in a sling, etc. These are elements of everyday life, and have less of a ritualistic character, though for some families they are extremely important for the proper development of a healthy child. The ritual of baptism is usually an important part of the afterbirth, though less frequently so for the

homebirth. We have to be aware of these changes when studying contemporary childbirth customs and rituals.

Structurally, this work is divided into four parts. The first chapter surveys Ukrainian ethnographic works, and deals with childbirth customs from the end of the 19th to the beginning of the 20th centuries on the territory of present-day Ukraine. Chapter 2 describes medicalized childbirth in the 20th century, and contemporary hospital childbirth practice. The third chapter presents contemporary homebirth customs resulting from interviews I conducted specifically for this study with Ukrainian women/couples who gave birth at home. I supplement them with data from several Ukrainian websites and forums devoted to parenthood and/or homebirth. Finally, in conclusion, I discuss the characteristics of people who choose to give birth at home. I distinguish between several groups according to their spiritual (Neo-Pagan, New Age); environmental; health; gender; anti-establishment; and heritage (Ukrainian folk, pre-Christian, pan-Slavic) motivations. I focus separately on each of them, but in reality, these groups frequently overlap. What motivates these people: old Ukrainian traditions or do they invent new ones? Is the connection with their heritage important to them and how? These are the questions I try to answer. I also argue that giving birth at home is not just a choice of place for these people: it is part of their system of values, part of their worldview, part of their identity.

In addition, the concept of “naturalness” will be discussed. A Ukrainian woman in the village in the 19th century gave birth at home because it was normal, “natural” for her. The rituals performed made her feel comfortable, and some in

fact physically helped her. Today, the woman who chooses a home birth does it consciously, in contrast to norms in her societal context. This decision reflects her attitude towards life in general, not just birth itself. Thus, even if both of these women behave “naturally” at birth, labour was and is a normal though extremely important part of life for them, their understanding of “natural” differs significantly. In the end of the 19th century, home birth was natural for Ukrainian peasant women simply because there were no other options. In complete contrast, a woman’s choice to have a homebirth today is deeply conscious. It is quite abnormal in the mainstream society, but “natural” for her personally. Many factors condition her understanding of what is natural. Therefore, it is necessary to look at her beliefs within her cultural context. Opposing medical birth as bad, many women who choose to give birth at home, put their trust and faith in nature. Nature becomes a source of wisdom and power for them. It replaces religious authorities of the past and medical authorities of the present, it justifies newly created practices as those that are natural, and therefore good and right. Nature provides sacred knowledge that can be accessed by any “follower” if properly tuned to it, to the flow. Natural childbirth as a ritual expresses these beliefs about nature, and, on the other hand, following ritual practices suggested or prescribed by the midwife or online homebirth communities generates such beliefs.

CHAPTER 1

The Past:

Ukrainian customs and beliefs related to childbirth in the end of the 19th – the beginning of the 20th century

The late 18th century history of Western Europe was characterized by the flourishing of Romantic nationalism that evoked interest in folklore and folk traditions [Hrushevs'kyi 1919: 486]. From there, it spread out to the western and south Slavs and reached the territory of present day Ukraine, where it became especially vibrant during the 19th century. What we know today as Ukraine, was then split between two empires: a smaller, western part, including Galicia, Bukovina, and Transcarpathia, belonged to the Austro-Hungarian Empire, while the bigger part, about 80%, was ruled by Imperial Russia [Subtelny 201]. The elite started to view peasants as close to nature and thus as living examples of a purer, more natural form of human existence [Kononenko 2007: 117]. They idealized everything folk, and actively collected folk songs and stories, customs and traditions.

In this chapter, I will explore ethnographic literature on Ukrainian beliefs, customs and rituals related to childbirth. This life cycle event was extensively researched, and information was collected all over the territory of present-day Ukraine. The so-called fathers of Ukrainian ethnography of the end of the 19th – the beginning of the 20th centuries, like Volodymyr Hnatiuk, Khvedir Vovk, Volodymyr Shukhevych, and others, provided detailed accounts of all life-cycle rituals, including childbirth. Contemporary researchers, including Natalia

Havryliuk (Gavriliuk), Valentyna Borysenko, Olena Boriak, Stefaniia Hvozdevych, Iryna Kolodiuk (Ihnatenko), Maria Mayerchyk, etc. complemented the scholarship with their own, often more analytical than descriptive works, offering new data and/or new interpretations of existing data. Since Ukrainian folklorists in Ukraine are more concerned with the past than the present, the majority of them were interested in what happened at the turn of the century, or what was preserved from that time, and what survived through the Soviet period until today. Their geographic interests are more diverse, and each covered a particular ethnographic region of present day Ukraine, or several regions. Those interested in beliefs, discussed pregnancy; some of them concentrated on the actions of a midwife during the actual birth. Most provided extensive information on afterbirth customs, predominantly baptism as a church ceremony, and the celebration after.

For my research it is important to look at childbirth customs from a slightly different perspective than has been done before. Most researchers focused on the child as the main character of birth rituals. The most important, and therefore described in detail, were actions of a pregnant woman, her family, the midwife, or other community members (e.g. a priest, women neighbours), as applied *to* the newborn child. Here, we can find multiple records of beliefs that had an impact on the future of a child during pregnancy or at a later time; different actions performed for the child, to the child, and because of the child. Emphasis was put on the socialization of the newborn, since the main focus was on a new member of the family and of the larger community.

Other scholars dedicated their research to the midwife. From their perspective, her expertise and authority naturally made her the most prominent participant of childbirth by her active role, her performance, and her power to make decisions. At the same time, multiple reports exist about Ukrainian women giving birth unassisted: “in the field, in the woods, at home – where it happened to start” [Boriak 2000: 443; Hilevych 251; Kaindl 10; Shekeryk-Donykiv 91; Shukhevych 12]. There are also accounts of inviting *any* elderly woman, frequently a neighbour, to assist during birth [Kaindl 10; Shekeryk-Donykiv 96].

Since this research seeks to describe and understand *contemporary* home birth customs, I make a shift, focusing instead on the woman who is pregnant and then gives birth to a child, and partially on the nuclear family into which the new baby is born. There are several reasons for this shift, which will be discussed in the chapter III and conclusions. I will shortly mention several of them here. Today, women have much more authority over their own lives, especially those who choose homebirth. Children are still considered the main purpose of their lives. However, a woman herself can decide and choose when to have children, and how many, at least to some extent. Unlike in the past, she actively participates in her pregnancy and the labour. Her husband is also actively involved in these events. They are a *pregnant couple*, and afterwards they give birth *together*; it is their child and they are both responsible for, and active in, every aspect of its birth.

The value of this chapter is twofold: the convenience of providing a short survey of ethnographic records of the past about childbirth in one place, and, in

particular, providing a context, the background for comparison of the contemporary beliefs, customs, and rituals related to childbirth. For reasons mentioned above I explore childbirth customs from the perspective of a woman when pregnant, then giving birth, and later a “newborn” mother. I talk about what happened at the end of the 19th – at the beginning of the 20th century, keeping in mind this specific perspective, and pay less attention to the figures of the midwife and the child. I refer those interested in the latter aspects, intentionally downplayed in this work, to the bibliography in the end, and specifically to Table 2, which provides information about researchers of this life cycle ritual by the ethnographic regions of Ukraine they studied, the historic period they researched, and their primary focus.

Researching childbirth customs and rituals, ethnographers differed on the number of events they included in their study. The particular approach of each of them can be usually explained by the main focus of their research: whether it was on the midwife, on the newborn child, or on the woman giving birth (which almost never happened). Frequently, customs related to pregnancy were not defined as birth customs at all. The Ukrainian term: *родильна обрядовість* means literally *birthing rituals*, which justifies this omission. Childbirth-related rituals were typically described among folk beliefs. And indeed, in the past, multiple instructions to a pregnant woman on how to behave and prescriptions about what to avoid were essentially beliefs, not ritualized activities, unlike today, as we will see in the chapter 3. Thus, Chubyns’kyi described pregnancy, midwife’s techniques, birth, customs that immediately followed the birth: cutting

the cord, actions with the afterbirth, bathing the baby, etc., and customs that happened later: baptism, birthday party (*родини*), purification ceremony (*зливки*), and other. Kuzela distinguished between the actual birth, the acceptance of the newborn baby as a member of a community, and the purification of the mother and the midwife [Kubijovyc 333]. Similar to him, Zelenin divided childbirth rituals into: customs and rituals related to pregnancy and birth; socializing rituals - accepting the newborn into the family and community; purification rituals [Lokhvyn 39]. Havryliuk points out two groups of birth rituals: the first deals with the period before the actual birth, and the second - the period from the birth until the child turns one year old. According to Hvozdevych, Ukrainian birth rituals have three stages: prenatal taboos and restrictions; birth; and afterbirth customs and rituals. Hrytsak mentioned customs and beliefs that were observed during pregnancy and birth, provided a detailed description of a baptism, and added breastfeeding beliefs. Pre-birth rituals were also identified as those that started during the wedding and aimed at ensuring that the couple would be fertile, and/or have sons [Kyrchiv 348; Mandebura-Noha 46]. Some other scholars identified pre-birth, birth customs and rituals, and post-birth, including: purification rituals for a mother and a child, and rituals that integrate a newborn into the family, community and faith [Hoshko et al. 302-303]. A number of researchers used the approach offered by Van Gennep, and looked at birth as a rite of passage that had three stages: separation, transition, and integration. This theory allowed structuring a ritual on the basis of its functional dynamics, not its plot [Mayerchuk 18]. Generally, even those authors who were the most inclusive

devoted only a few paragraphs to the beliefs, customs and rituals surrounding pregnancy and birth, and many more pages to the after birth period.

In this thesis, I propose to use a classification that reflects the biological stages of childbirth, and follows more or less the stages of this life cycle event as described by Van Gennep.³ Thus, childbirth-related customs and rituals include: prenatal (customs related to pregnancy, mostly behavioural restrictions, taboos in the past), natal (birth and immediate after birth period including cutting the cord of the newborn, actions with the placenta, first bathing of the baby, shaping the newborn's body, and swaddling), and postnatal customs and rituals. The customs belonging to the third group, including, but not limited to: visiting the mother and the feast after the birth (*родини, одвідки*), naming, baptism, choosing godparents, purification (*зливки, виведини*), the first cutting of the child's hair, putting on pants on a boy for the first time, etc., have been studied the most extensively. My focus is predominantly on the first two groups, and I touch only briefly the third one.

³ The general structure of the rite of passage described by Van Gennep is used here for convenience, and not as the main theoretical approach.

* * *

– And the man who has children is happier
than the one who doesn't.

Marko Hrushevs'kyi

Pregnancy

Kuzela noted that the customs and rites related to birth were rather uniform throughout all Ukraine. Indeed, in spite of the slight variations in the names for a midwife or a pregnant woman, the different prayers or herbs used by a midwife, or the number of godparents, ethnographers' descriptions of birth-related customs and rituals were similar. Though following the same pattern they varied in the number of details and their inclusiveness.

For many reasons, a traditional Ukrainian family tended to have many children. It was considered the main purpose of a marriage [Kis' 169]. "Children bring joy and help, they look after their parents when they get older, they are to take over the cattle and the land"⁴ [Hrushevs'kyi 2006: 10]. As a Ukrainian proverb says: a house with children is like a market, a house without children is like a cemetery [Gavriliuk 2000: 308]. To have no successors was a misfortune, a punishment for one's sins, sometimes a consequence of a bride's actions during her wedding.⁵ Hutsuls believed that those men and women who had no children would never be taken to heaven [Shekeryk-Donykiv 86]. Thus, when a young married woman, *молодиця*, became *вагітна*, *важка*, *груба*, *на поступках*,

⁴ My translation hereafter.

⁵ Researchers mention that when a bride sat at the table for the first time, she would sit on the fingers of her right hand: the number of fingers defined how many years she wouldn't have children. It was believed to be a sin to sit on all five fingers. As a result, she could not have children her whole life [Franko 179, Shekeryk-Donykiv 87]. Such woman would never be taken to heaven [Franko 179].

веремінна, квіжка, огрїдна, калюхата, черевата (different names used to call a woman pregnant in Ukrainian), it was a step towards a more respected status, and for her family – a step towards a full valuable unit of society [Naulko 154].

However, she did not tell many people that she was going to be a mother: only her husband, sometimes a few of her closest relatives or friends, because of the fear of being evil-eyed: “there are different people, and they have different eyes” [Hrushevs’kyi 2006: 11]. Other people in the village found out about her new state only when it became visible.⁶ According to Ukrainian folk beliefs, birth outcome was very much dependent on a woman’s actions, as well as her own health and wellbeing during pregnancy. As a result, numerous rules and regulations developed to control her behaviour. One of the indicators for the village community that a woman was pregnant was her following these specific rules. Some of these aimed to protect the pregnant woman and her child, while others intended to protect other people from her “dangerous” influence. Thus, on the one hand, she had to follow numerous rules aimed at providing security for her and her baby, which are evident as protection rites. On the other hand, related to her special status, she should be treated in a special way. In a sense, a pregnant woman became a sacred person. Being in a liminal period made her both dangerous and vulnerable.

According to Van Gennep, the separation stage happens when a woman finds out that she is pregnant. Her whole pregnancy is a liminal stage in this case.

⁶ Interestingly, another, rather opposite belief, coexisted among Hutsuls: if a woman tried to conceal her pregnancy, as a result, her child started to speak very late [Hvozdevych 2009: 700].

However, as it has been already mentioned, a Ukrainian woman tried to conceal her condition as long as possible [Hoshko 303; Kuzelia 334; Kyrchiv 348; Lohvyn 39; Pavliuk 226], and there was no physical separation at the beginning of pregnancy in the Ukrainian tradition as in some others [Gennep 41-45]. A pregnant woman was not limited in her usual activities, with a few exceptions. She could go wherever she wanted; she had to do the same chores as usual. In many traditional cultures, including Ukrainian, a woman is believed to be “unclean” during her monthly periods, and also after the birth of a child. At this time, she cannot go to church. Unlike the two previous examples, pregnancy is not associated with blood; therefore, a pregnant Ukrainian peasant woman was allowed and even encouraged to go to church. Yet her participation in other rites of passage was forbidden. She could not baptise a child, be a “wedding mother”⁷ at a wedding, or attend a funeral [Bryniak 57; Gavriliuk 2000: 309; Hrushevs’kyi 2006: 15; Mayerchyk 1999: 20; Shekeryk-Donykiv 95; Vovk 193]. If a close relative passed away, and she wanted to be present, she could do so but had to avoid looking into the coffin or grave, and throwing soil into it. If she failed to follow these prescriptions, her child could be born dead or with major health issues.

A pregnant woman continued to perform all her daily duties: preparing meals, feeding animals, cleaning the house, doing laundry, etc. Sometimes during this stage, she received more help from her family, especially her husband who avoided beating her, and could not even argue with her [Shekeryk-Donykiv 92]. She had certain other privileges. Swearing was not allowed in her presence. If a

⁷ A wedding mother’s role at a wedding is analogous to a godmother at a baptism ceremony.

pregnant woman asked for something or craved a particular food, for example, while visiting neighbours or elsewhere, they could not refuse her, as mice or moths would eat their clothes [Chubyns'kyi 60; Franko 180; Gavriiliuk 2000: 309; Huzii, Horoshko 612; Hrushevs'kyi 2006: 13; Hvozdevych 2009: 700; Malinka 255; Mandebura-Noha 47]. Her irresistible desires could also predict the future of the child: if she desperately wanted new clothing, and then gave birth to a girl, her daughter would like to dress up, if a boy was born, he would become a priest.

A pregnant woman could not sew on Fridays and Sundays, otherwise a newborn could have a “sewn mouth” or have an umbilical cord wrapped around its neck [Gavriiliuk 2000: 308; Lohvyn 39]. The same misfortune could happen if she wove, or just stepped over a rope [Borysenko 2007: 318; Huzii, Horoshko 612]. It was also forbidden to step on or over a broom [Sumtsov 109]. Neither she nor her husband could work on Sundays and holidays, or their baby could be born ill. If a woman removed soot from the chimney, a child would have breathing problems [Chubyns'kyi 59]. A pregnant woman could not taste bread from the oven, and then put it back to finish baking, because similarly, her child could “return” during labour [Hrytsak 77]. Sitting in the doorway could cause a prolonged labour.

If an expecting woman laughed at a disabled person, her baby could be born sick. Even to look at sick people could cause the same disease in her child [Shukhevyh 11]. On the contrary, if a woman felt her baby moving for the first time while looking at a beautiful person, it guaranteed the birth of a beautiful baby. In general, a woman had to be very careful staring at other people, because

that could affect her child's appearance [Chubyns'kyi 59; Huzii, Horoshko 612; Kyrchiv 348; Shekeryk-Donykiv 90]. Franko collected beliefs according to which if a woman stared at a red haired Jew, her child would have red hair. If she stared at a person with a long nose, her baby would have long nose as well, and so on [Franko 182]. Looking at a fisherman could result in a restless baby [Kaindl 10].

A pregnant woman was not allowed to lie, swear, get angry, steal. Even a single apple taken without permission from her neighbours' garden could result in her baby being born with a birthmark in the form of the taken fruit. If she saw a fire, and got frightened by this, then touched her body, her baby would be born with a red birthmark on the same part of its body [Borysenko 2007: 318; Chubyns'kyi 59; Gavriiliuk 2000: 308; Malinka 254; Shekeryk-Donykiv 89]. If she ate while walking, her child would always be hungry [Gavriiliuk 2000: 308; Malinka 255]. She could not kick a cat, a dog, or a pig, or her baby would be born hairy [Gavriiliuk 2000: 308; Lohvyn 39; Mandebura-Noha 47]. There was a belief according to which if a pregnant woman saw a kicking mare, her pregnancy would then last twelve months [Kaindl 10; Malinka 256; Shukhevyeh 11]. To avoid this, she had to take some horse manure, mix it with water, and boil it. When the water cleared up she had to drink this concoction. In addition, pregnant women always had to carry something metallic with them to protect both the baby and the mother from evil forces [Hrushevs'kyi 2006: 15]. Preparing clothes for a baby was never done during pregnancy because of economic reasons and also the

belief that this would result in a stillborn child [Borysenko 1994: 213, 2007: 319; Huzii & Horoshko 612; Hvozdevych 2009: 700; 2010: 621]⁸.

Ukrainians tried to predict the sex of the baby *in utero* in different ways. Some believed that if the older child's first word was *mamo* (father), and not *mama* (mother), it meant that the following children would be boys [Hrytsak 77]. If a woman first felt her baby move at the right side, it was a boy, and if at the left: a girl [Chubyns'kyi 59]. If a family wanted to have a son, a pregnant woman tried to sleep only on the right side. Also, boys were believed to move in many different parts of the belly but infrequently, while girls moved more often but in one particular place [Hrushevs'kyi 2006: 20]. A clean complexion in a pregnant woman signified the birth of a son, while spots on the face predicted the birth of a daughter [Bryniak 58; Hrushevskyi 2006: 20]. A round pregnant belly indicated a girl, a long, and pointed one – a boy [Huzii & Horoshko 613].

Thus, there was a belief in a close connection between a pregnant woman and her unborn child. Her behaviour directly influenced her child's health and even future personality. Following the restrictions and rules described above, helped a woman to have an easy labour, and to give birth to a healthy baby. During pregnancy, she received support from her close family, especially her husband. This provided better conditions for the birth of healthy children, and preserved a woman's future health and strength. Her special state was also recognized in the wider village community. People respected a future mother, and tried to satisfy her needs and desires. However, aside from feelings of respect, this attitude towards a pregnant woman was evoked by fear, as she was

⁸ The same belief is common for the Soviet childbirth ritual [Rouhier-Willoughby 79-80].

believed to be dangerous. Through her unborn child, she was closely connected with the other world. Therefore treating her with respect protected those interacting with her from undesirable and potentially harmful consequences to themselves.

Birth

–If a woman dies in labour, she will be taken to Heaven.
Ukrainian folk belief [Hrushevs'kyi 2006: 29]

As mentioned above, Ukrainian peasant women in the end of the 19th – at the beginning of the 20th century continued to work as usual throughout the entire pregnancy. Only when the actual birth commenced did the woman become separated. Frequently, labour started when a woman was occupied with her everyday duties: milking cows, working in the field or doing other chores. Kononenko provided Fedir Kushneryk's account – a story of his birth, according to which his mother was working in the field when he was born. She laid him aside, finished her work, then wrapped him in her skirt to carry him home [Kononenko 1998: 48]. Sometimes a pregnant woman went up to the attic to get some supplies, and returned back with a baby, or she could go to the market and return with a newborn. Otherwise, birth took place in the house. Single (unmarried) youths, and men were frequently sent out to another room, if there was one in the house, if summer – outside. In some cases, part of the house was separated with a curtain, a woollen blanket (*ліжник*) or some other cloth. The

fewer people knew what was happening, the easier labour would be [Hvozdevych 2010: 619; Pakholok 64]. It was believed that a woman in labour had to suffer for the sins of everyone who knew about the birth that was taking place at that moment [Hvozdevych 2010: 620]. That is why when neighbours wondered when she was due, she usually replied, “I don’t know” or “not yet” [Shekeryk-Donykiv 95]. Moreover, the “due date” question was formulated in a way to avoid talking about labour and birth directly. Rather, people could ask, “When are you going to fall from the stove?” or expressed it in another figurative way. However, it was allowed to tell the husband about the beginning of the labour, and other close relatives living in the same household. As a signal, a bottle with beet soup (*борщ*) was placed on the windowsill [Shukhevych 12]. If someone came to the house and saw this, he or she would not enter. If it nevertheless happened, that person had to stay in the house until the baby was born. One could not leave in the middle of labour, or it would make the baby “return”, and the woman would not be able to deliver [Hrushevs’kyi 2006: 37]. Also, it was important that the person who suddenly appeared in the house where a woman was giving birth was of “easy passage” (*легка на перехід*). If so, the child would be born quickly and easily. Otherwise, the labour could be very difficult and long lasting. It was believed that dark-haired people had a positive influence, while those red-haired – extremely negative [Shekeryk-Donykiv 95]. A special case was when another pregnant woman came to the house while the birth was in process. She had to say “I am like your mother,” or she could harm the birthing woman [Hrytsak 77].

In the Ukrainian language, birth was called *роди, злоги, родиво, народини, пологи, розсипалась*⁹. During this transitional phase, a woman and her newborn were extremely vulnerable. They were neither here nor there. When labour started, the husband took bread, and went to summon the midwife¹⁰ who was known in different regions as *баба, бабка, баба-новитуха, баба-бранка, пупорізка, моша*, etc. She was usually a respected older woman who had her own children, or sometimes simply a neighbour. When a midwife came, she brought with her bread, a candle, some herbs (both medicinal and symbolic), a piece of cloth (hemp or linen), holy water, a knife (usually consecrated at the church). A midwife bowed to the icon corner, said a special prayer and if the woman in labour was doing well, helped around the house by heating water, cooking a meal, cleaning the house, feeding the animals, etc. All knots were untied, all locks unlocked, and a woman's hair unbraided in order to ease the baby to come into this world [Boriak 2000: 447; Borysenko 2007: 319; Chubyns'kyi 60; Hoshko 303; Huzii, Horoshko 614; Hvozdevych 2009: 701; Kuzelia 334; Kyrchiv 349; Mandebura-Noha 47; Pavliuk 226; Shukhevych 12; Sumtsov: 109; Vovk 192]. A knife, an axe, old keys, or other metal things were put in the bed with the woman in labour to protect her from evil forces [Borysenko 2007: 318]. Some plants were believed to be of the same magical power, such as garlic, periwinkle, guilder rose, basil, mint, marigold, etc. Fumigating a woman with herbs was also beneficial, and widely practised by midwives [Hvozdevych 2010:

⁹ Interestingly, the last term that means “scattered” has its parallel in Vietnam, where birth is often referred to as “breaking the jar” or “breaking the dyke” [Bates & Newman Turner 90].

¹⁰ It is important to mention that the term midwife in this chapter is used meaning lay midwife, a person who helped other women give birth, but did not have education or professional training, unless otherwise noted.

622; Kolodiuk 2005: 49; Naulko 154]. A candle blessed in church during the Theophany service was put at the head of the bed to also ease birth.

If it took a long time for the woman to give birth, the midwife walked her around the table in the house three times or until the baby was born; or the woman could lean against the bed, or remain in a squatting position supported by a suspended piece of cloth hanging from the beam (*сволоок*) for some time [Boriak 2000: 447; Chubyns'kyi 62; Hrushevs'kyi 21-22]. If the ritual cloth (*рушник*) had previously been used to bless Easter bread, it would provide better efficiency during birth. Other ways to ease the birth included: massaging with oil, applying bags of boiled oats or flax to the woman's abdomen and back, giving the woman holy water or herbal tea to drink, and saying/chanting special prayers. Sometimes the husband would take some water into his mouth and then gave it to his wife to drink [Boriak 2000: 448; Chubyns'kyi 60]. If contractions were not progressing, the midwife made the woman drink oil or soap dissolved in alcohol to induce vomiting [Shekeryk-Donykiv 102], or the woman had to take her own hair into her mouth for the same purpose [Boriak 2000: 449; Chubyns'kyi 62]. If it took too long and the woman still could not deliver, the midwife called the husband who assisted his wife walking around. A belief in a "happy spot" in the house made the woman in labour and her assistants search for it. The following beliefs were thought to help the woman deliver. The woman would deliver faster if she stepped over her husband three times while he was lying on the floor [Gavriliuk 2000: 310]. Water poured on an icon by the midwife and given to the woman to drink; jumping from or over the bench was also believed to be helpful [Boriak

2000: 448-449; Kolodiuk 2004: 79]. Putting the hat from a priest under the woman's head was believed to help; also, placing the church key and the priest's belt worn during mass over her belly helped. As a last measure, a priest was asked to open the Royal Gates in the church [Boriak 2000: 450; Kolodiuk 2004: 79; Malinka 260; Mytropolyt Ilarion 207]. If nothing else helped, the woman and her husband (sometimes, also their neighbours) asked each other for forgiveness three times, because difficult labour signified God's judgment of grave sins.

After a child was finally delivered, all actions aimed to provide a safe and healthy environment for it and its mother, and also to predict its future. From this moment and the subsequent 40 days, a woman was considered unclean and exceedingly susceptible to evil forces. When the baby was born, the *baba* took it, made the sign of the cross over it three times, sprinkled it with holy water, and thoroughly inspected it. Then, she cut the cord on an axe or a book for a boy, or on a comb for a girl in order to influence their future [Boriak 2000: 452; Borysenko 2007: 319; Chubyns'kyi 63; Gavriliuk 2000: 310; Hrushevs'kyi 2006: 37; Hvozdevych 2009: 701; Kuzelia 334; Kyrchiv 349; Lohvyn 40; Malinka 262; Sumtsov 109]. She tied the umbilicus with female hemp plant¹¹ (*материнка*) to guarantee fertility to both the mother and her children, or in other places, with flax or woollen thread. The cord was believed to have a magical connection with the child even long after its birth. It was safely placed behind the icon or in the trunk. When the child turned seven years old, he or she had to untie it. If successful, it meant the child had "untied" his or her mind and become capable to learn and

¹¹ Like some other plants, a hemp plant can be male or female. A female, or pristullate, hemp plant has a single, hairy, grandular, five-veined leaf enclosing the ovary in a sneath [Grieve 396].

master any skill in life [Borysenko 2007: 319; Gavriuliuk 2000: 310; Hoshko 303; Huzii, Horoshko 614; Hvozdevych 2009: 702; Mandebura-Noha 47; Pavliuk 227; Shekeryk-Donykiv 103]. It was important to cut the cord not too far from the baby's stomach (or a girl could become "unfaithful" when grown up), and not too close (or a boy could lose his virility when he became a man). According to another belief, cutting an umbilical cord on an axe or distaff assured the birth of the next child of a desired sex in the family. Good wishes, blessings, and sometimes incantations accompanied the cutting of the cord.

According to Verkhrats'kyi and Rein, the midwife cut the umbilicus only after the placenta was expelled [Boriak 2000: 452, 2009: 146, 148]. She had to be extremely careful and not let it "hide" or "run away", or the woman could die. In case of complications, the midwife tried methods similar to those used in a complicated labour. If the afterbirth was not separating, the midwife asked it to come out. She, as well as those present, tried to frighten the placenta, and thus force it to come out. In addition, the *baba* applied compresses, gave the woman oil, or cherry tree bark or saffron tea to drink. The woman had to remain upright for a period of time to facilitate expulsion of the placenta. The most frequent advice was to blow into an empty bottle. If nothing worked, the midwife tried to pull slightly on the umbilicus, or even removed the placenta manually [Boriak 2000: 453].

Ukrainian names used for the afterbirth were *послід*, *місце*, *місто*, *містище*, *гніздо*, *ложє*. The midwife did not do anything with the placenta until she made a sign of the cross upon the newborn with it. This was done to make

sure the child would never have “evil eyes” [Hrushevs’kyi 2006: 38]. She also checked thoroughly, especially with the first time mother, to see how many “гудзики” (bumps) were on it, which signified the number of children the woman would have in future [Shekeryk-Donykiv 103]. After that, the placenta was washed, sprinkled with rye or wheat and buried under the bed, the stove, the fence, in the storage room (*комора*), under the icon corner for a boy – in a place where nobody would step on it, or under a fruit tree (usually apple or cherry) – for the baby to grow well [Malinka 262; Shekeryk-Donykiv 103]. Sometimes, a piece of bread, some salt, and a few coins were put together with the afterbirth for the child to prosper in life. A hen and a rooster could be buried together with the placenta [Boriak 2002: 35], especially if children died in the family [Malinka 263]. Huzii and Horoshko reported a custom they had recorded in the L’viv region, where the placenta had to be buried in the house for a girl, and under the doorway for a boy for them to marry soon. Boriak found the opposite belief - that burying the afterbirth under the doorway would make the woman infertile [Boriak 2002: 35]. Burying the placenta with the baby’s side down would cause the same [Malinka 263]. Haiova described the custom of burying the placenta in one’s own yard, in a wet place – to guarantee that the new mother would have enough milk to breastfeed. Special incantations were sometimes used while burying the afterbirth. In the Hutsul region, it was often buried by the husband, not the midwife [Shukhevyeh 13]. According to Kuzelia, Ukrainians in Transcarpathia buried it only a few days after the birth. They believed the woman would not have children with each day waited equated to a year being barren.

To be born in a caul was a good sign that predicted a happy life. People called it to be born “in a shirt”, “in a cap” or “in a sack” [Borysenko 2007: 321; Gavriiliuk 2000: 309; Huzii, Horoshko 614; Kaindl 10; Mytropolyt Ilarion 208]. A newborn was inspected for other signs, which were interpreted by the midwife. These signs helped predict the future of the newborn [Mytropolyt Ilarion 208]. After inspection, the midwife wiped the body of the infant with a piece of cloth or bread, and started bathing it.

Bathing a newborn was very important and impacted the future life of the child. The water had to be fresh – *непочата* (taken from the well in the morning with no one having had drunk from the pail). Various herbs were added to the bath: *череда* (bidens), *рум'янок* (chamomile), *м'ята* (mint), *чистотіл* (celandine), *квітки піонії* (peony flowers), *цикорій* (wild chicory), *звіробій* (St. John's wort), *калина* (viburnum), *аір* (calamus), or just hay [Hrushevs'kyi 2006: 38; Kolodiuk 2005: 49]. Specific herbs were used to magically influence the future: peony and lovage were put in the bath for the baby girl to be loved, and marigolds for the baby boy to be handsome; periwinkle was used for a long life. Sometimes other ingredients were added: milk and honey for beauty, inula root or oak tree branch for strength, a needle for the girl or an axe for the boy (to become a good craftsman¹²), coins, especially silver, bread or grain for happiness and prosperity; an apple; an egg, and almost always - blessed water [Borysenko 2007: 320]. Interestingly, in the Hutsul region water used for the first bath was often

¹² A definitely later addition was a pencil or a pen in the bath for a child to become an educated person. A fellow graduate student told me that her mother put painter's brushes to the first bath of both of her children (late 1970s - early 1980s). Interestingly, both of them became talented artists when they grew up.

cool or even cold, for the baby “not to be lazy”, or “not to sweat” when it grew up [Hoshko 303; Hvozdevych 1995: 34]. One could not pour away the water used for bathing after sunset. The place was also significant: best to pour it under the tree: chestnut, ash tree, pear or apple tree [Huzii, Horoshko 614; Hvozdevych 1995: 34] or under the storage room [Mandebura-Noha 48].

If necessary, the midwife shaped the body of a newborn (*правитъ*), rubbing it, pulling and stretching the arms and legs, forming the head, etc. The infant’s body was believed to be malleable and adaptable [Boriak 2000: 454, 2002: 36, 2003: 36; Hrushevs’kyi 2006: 45], and therefore a midwife could change it in a desired way. If the newborn was too weak, the midwife would “blow the spirit” into it. She could also baptise the infant with water (*хрестити з водою*), if there was risk it would die. In this case, she named the boy child Ivan, or Maria, if it was a girl, or Adam/Eve respectively [Boriak 2002: 37; Gavriliuk 2000: 310].

Then the *baba* swaddled the baby tightly in its mother’s or father’s old shirt or some other piece of cloth, and tied with a swaddling band [Boriak 2002: 36]. New cloth was not acceptable, because according to belief, this might cause the death of a newborn. Afterwards, the midwife touched the opening of the oven with the baby’s head, or the crossbeam with its feet, and wrapped it in a sheepskin coat (*кожух*) [Borysenko 2007: 320; Chubyns’kyi 63; Hrytsak 82; Kuzelia 334; Vovk 192].

A new mother was given blessed water to drink, sometimes *зорілка* (alcohol) with honey and butter, raw eggs, tea with nettle leaves or rye flowers to

help her cleanse and quickly recover [Shekeryk-Donykiv 104]. Following this, an infusion of fragrant herbs was poured over the mother, her belly was wrapped with female hemp plant. The woman was bathed in a barrel with oats, thyme, or basil added to the water [Chubyns'kyi 64]. A knife or another metal item, often consecrated, was put under her bed together with a “trinity” – a triune candle, to protect her [Chubyns'kyi 63; Malinka 263].

As has been mentioned earlier, the newborn and the new mother were extremely vulnerable after birth; that is why they were protected in every possible way. Before baptism the baby “is almost not a true person, but something vague/indefinite” [Baiburin 1993: 47]. A candle was lit immediately after birth and remained lit, especially during the night, until the baby was baptized. The burning of incense (*ладан*) in the house was highly recommended. The bed for the newborn and the mother was hidden behind a curtain, so that other people could not see and evil eye them. Various metal items: a knife, scissors, an axe were again put under their bed to protect them from evil forces [Kaindl 11; Lohvyn 40; Vovk 192]. Nobody was allowed to speak of them in the presence of the infant and the mother. Protection of the newborn included: placing a garlic, blessed herbs or poppies, wormwood, thistle, a piece of coal and a piece of clay from the oven wrapped in cloth¹³ in the bed (in Bukovyna and the Hutsul area - red cloth); tying red thread around the baby's wrist [Hvozdevych 2010: 620; Kaindl 11; Pavliuk 227], or giving it an aspen cross. A visit from an “impure” woman could cause a rash, or other skin problems for the child [Borysenko 2007: 321; Gavriliuk 2000: 312; Huzii & Horoshko 615; Hvozdevych 2009: 701]. It was

¹³ “*шкалицоточка*” in Shukhevych or “*ладунка*” in Hvozdevych.

unacceptable during this period right after the birth and before baptism to quarrel, swear, or commit any sin in the family. A newborn was never left alone even for a short period of time, or it could be stolen by the devil. Ben'kovskii recorded a belief according to which a woman could not comb her hair for a week after the birth, or her child would have lice [Ben'kovskii 3]. It was recommended that the new mother remain in bed for about three days, but many women got up immediately to bathe the child or do other work around the house. In this period, many more restrictions existed for the woman. Being considered “unclean” for 40 days, she could not leave her farmstead, bake bread, pickle vegetables, etc. It was considered dangerous for the mother to be without a kerchief, especially to breastfeed her child with an uncovered head, as it could become bald-headed. She was not allowed to go to church or to a funeral. She could return to her normal status only after she had “received a prayer” in a church (*вивідна молитва*).

Many researchers reported that the woman was not allowed to breastfeed her baby before it was baptized, which usually happened the same or the next day [Chubyns'kyi 66; Hoshko 304; Kuzelia 334; Shekeryk-Donykiv 105; Vovk 193]. Shekeryk-Donykiv recorded an explanation, according to which if she did, her child would become a big liar¹⁴. Marko Hrushevs'kyi noted that such a child would have “evil eyes”. Instead, a neighbour or relative breastfed the newborn, or the midwife gave it some sour milk. If a mother had too much milk, and her breasts started engorging, she had to express milk by hand, or ask someone else to suck and remove the extra milk. As an extreme measure, she had to rub alcohol

¹⁴ In contrast with this belief of the past, there are studies today that connect conduct problems, such as lying, at the age of 5, and lack of breastfeeding <http://www.patient.co.uk/health/Breastfeeding-The-Benefits.htm>

or starch onto her breasts to relieve the engorgement, and reduce milk production. Another reason given for the prohibition of the woman breastfeeding her baby from the very beginning was due to her weakness after labour. There is a later account of the belief that colostrum (first milk) was not good, even poisonous, for the baby.

After the Birth

The postpartum period included several events that followed, in a slightly different order in the regions of present day Ukraine. These were: a birthday celebration, purification ceremony, naming, inviting godparents, baptism, the first cutting of the child's hair, putting pants on a boy for the first time. Exchanging gifts with the midwife, sharing *babyna kasha*, expressing forgiveness were all elements of post-liminal stage as well. As noted earlier, these elements have been studied in depth and described in great detail by the ethnographers of the early 20th century and today alike. Thus, I will provide only a short note of some of these here.

Celebrating the newborn and its mother, called *родини, одвідки, відвідини, радосник*, included visiting and a feast. This could be done among only the close family members and the midwife, or involve many other guests. Women only could visit, and nobody was invited. Everyone came with a small gift, most often food: bread, flour, eggs, milk, pancakes, dumplings, donuts, any other dish, or a piece of cloth [Hvozdevych 2009: 702; Kyrchiv 350; Lohvyn 41; Mandebura-Noha 48; Pakholok 65]. Since the mother and the baby were in bed

separated by a curtain from the rest of the house, the midwife was expected to serve the guests. Such visiting did not last long. After expressing good wishes, and having some treats, women left.

To receive a name for the newborn, the midwife went to the priest taking bread and a chicken or a bottle of *horilka* [Chubyns'kyi 65; Malinka 264]. If the day fell on a certain saint's day, this name was given to the child. In other cases, the child was named after a grandparent, or other relative whose life was successful and honourable. A better gift given to the priest could help get a nicer name [Malinka 264]. Parents tried to baptize their child as soon as possible: the day of birth or the next day, a week or two after the birth at the latest [Hilevych 259; Hrytsak 82; Mandebura-Noha 49]. This provided protection to the newborn child from evil forces, from being evil eyed, which could even happen unintentionally. Godparents were chosen long before the birth, and were usually prosperous people. If children in a particular family tended to die at a young age, parents chose the first person they met on the street as a godparent [Borysenko 2007: 323; Chubyns'kyi 66; Huzii & Horoshko 616; Malinka 265; Mandebura-Noha 49; Mytropolyt Ilarion 209]. A feast followed the baptism ceremony and, depending on the time, it could coincide with *родини* or be a separate event itself.

The purification ceremony was twofold, and included *зливки* – cleaning the midwife's hands [Boriak 2002: 39-41; Borysenko 1994: 212; Chubyns'kyi 70; Havryliuk 1989: 27; Hrushevs'kyi 2006: 67; Hrytsak 84; Hvozdevych 1995: 34; Kolodiuk 2004: 80; Kuzelia 334; Malinka 266-267; Vovk 194], and *виведини* (*введини, молитва*) – a prayer in church for the mother on the 40th day after the

birth, which marked her return to a normal status in the family and in the village community [Bryniak 73; Hrushevs'kyi 2006: 69; Hvozdevych 2009: 701; Mandebura-Noha 50; Mytropolyt Ilarion 210; Lohvyn 40]. Being an important figure in birth rites, the midwife herself became like a family member. She was regularly visited by the mothers, and later by the children she helped to deliver receiving various treats on major holidays, especially Easter and Christmas.

It is important to mention that the baby passed through different stages of the rite of passage than its mother. The actual birth was a separation stage for the child, and this separation happened twice: first, when it was born; and second – when the umbilical cord was cut, which happened momentarily, or about an hour later. Then, the transition stage was a short period after birth and before baptism, whether performed by a priest or a midwife. This included: bathing, moulding its body, and swaddling. The incorporation stage for a child happened when the midwife received its name from the priest, baptized it, and a feast (*родуни*) followed; and/or with the church baptism and the following feast. All these rites helped to integrate the newborn into its family, and this world. Birth as a rite of passage for the baby's family, its extended family, the whole community at large, and the village are all worthy of separate future study. This was the event of a great importance for them, though such details would require separate research.

* * *

Certain elements can be identified repeatedly during the birth; and they frequently have special meanings. These symbols are encountered throughout all

three stages of birth as the rite of passage, being the most significant during the liminal stage.

Although there were no defined places where a pregnant woman could or could not go, there were two exceptions. During and after the birth her house and the entire household became a sacred space. She was in a liminal stage; thus this sacred space was protected from many people. She could not leave it up until the 40th day after the birth when she was ritually purified by the priest. After this she was free to go wherever she needed. The aim of defining this special space was to protect a woman and her baby from evil forces, and other people's, even unintentional, bad influence. At the same time, it was necessary to protect other people in the community from her, because she was impure and therefore dangerous.

At birth - the fewer people present, the better [Borysenko 1994: 212; Hvozdevych 2009: 701; Pakholok 64]. Those present usually included the birthing woman, the midwife, the baby, and sometimes the husband (in a very restricted way). A small number of participants characterised the liminal stage. During pregnancy, the woman actively participated in the family and the community life. After the birth, the priest and other members of her local community got involved. The transitional stage was dangerous for the participants. The baby did not exist until it became literally visible to the family (being born) and to the community (being baptized). The woman also underwent transformation. In a sense, she died during the birth, and was reborn as a mother. This was especially true for first-time mothers, but even with the birth of the

second or third child, the woman's status changed. The midwife was a mediator between two worlds: she helped the child and the mother come from the other, and into the new world. Later, she also acted as the mediator between the mother and her child; and her whole family, and then, between the broader community, helping to incorporate them as new members. This role of the midwife was more significant than her help in birth, as we have multiple accounts that she was called in at the last moment, often after the baby itself was born. As Malinka noted: "The experience and skills of a good midwife are measured not so much by her knowledge of midwifery - she is no better than any woman who has given birth to several children, but by her knowledge of different important customs and rituals" [Malinka 256].

In many cases, the husband was excluded from birth, as were other children in the family [Malinka 264]. Birth was a woman's domain. In contrast, there are accounts of husbands actually assisting their wives in birth. In these cases, the midwife was called *nyna pybatu* – to cut the cord, and do all the necessary ritual activities. In the Hutsul area, any person could help who happened to be around a birthing woman, even a stranger, because *устиду за тим нема* – there was no shame in it.

Though nobody dressed in ritual clothing for labour, everything had to be untied, loosened [Boriak 2000:447; Borysenko 1994: 212; Huzii & Horoshko 614; Hvozdevych 2010: 622, Mytropolyt Ilarion 207; Vovk 192]. Being underdressed was in complete contrast with everyday and special occasion clothing, and was ritualistic in itself. The birthing woman usually wore just an undershirt (*спідна*

сорочка), and her hair was unbraided [Mayerchyk 1999: 27]. After the baby was born the clothing had more significance for the new mother. When coming back to this world, thereby entering the incorporation stage, she needed all its attributes, including clothes. The tight swaddling of the newborn was another element of ritual clothing. An old shirt belonging to the father or the mother's was used for this, which had also special meaning and purpose. This connected the newborn with its parents through their clothes, transferred their good qualities and skills to the child, and on the larger scale, integrated the newborn into the society. Sometimes, the midwife brought a piece of cloth with her to attend the birth. This cloth was then used as the baby's swaddling clothes. Godparents usually brought *крижмо* to the baptism – a piece of cloth used to swaddle the baby, which would retain its positive influence on the child long after he or she grew up [Gavriliuk 1981: 79; Gavriliuk 2000: 313-314].

Holy water was used several times during the birth: the midwife gave it to the labouring woman to drink, and sprinkled her with it to help her deliver [Bryniak 61, 69]. She sprinkled the newborn with holy water to protect him from the evil eye and other negative influences; the *baba* also poured some holy water into the first bath for the child [Kaindl 11]. Chubyns'kyi described another method to help the woman in labour with the use of holy water [Chubyns'kyi 60]. The midwife took an icon from the wall, washed it with water, and gave this water to the woman to drink. This is an example of contagious magic: the water became “holy” as a result of its contact with the icon. Every household would have holy water, because it was frequently used for different purposes (healing, protection).

The midwife, for her part, would bring water with her in her “birth kit” when she attended a birth. As previously mentioned, water used for the first bath of a child was special: it had to be taken from the well in the morning, and no one could drink from that pail (*непочата*).

The number 3 was frequently regarded as sacred. When the midwife entered the house, she bowed three times, or sometimes ten times three times [Chubyns’kyi 60; Hvozdevych 2010: 623; Mytropolyt Ilarion 207]. She also greeted the people present with the words: “*Христос воскрес*” three times, and spoke any given prayer thrice. The greeting above was used all year round, not just during the Easter season. A birthing woman was forced to walk around the table three times. She was sent outside to cross the road thrice, so that nobody could see her [Malinka 259]. The midwife touched the main beam of the ceiling or the stove with the baby’s feet three times. If the labour was complicated the woman and her husband asked each other for forgiveness three times. The same happened between the midwife and the new mother after the birth [Shukhevych 14]. In another report, if the woman could not deliver, the *baba* told her to stamp her heels against the old three times [Chubyns’kyi 60; Hrymych 2000: 220; Vovk 192]. Once the baby was born, the midwife cut off three tufts of its hair [Chubyns’kyi 60, 62].

There were other symbols which, though significant as well, were not so widespread or commonly encountered. These included: specific prayers, incantations; presents for the midwife [Boriak 2002: 41; Borysenko 1994: 215-216; Chubyns’kyi 70; Gavriliuk 2000: 312; Kolodiuk 2004: 80; Kuzelia 335;

Malinka 267; Shukhevych 15]; things that were put in the first bath (lovage, an oak branch, periwinkle, chamomile, bread, honey, a red apple, etc.) [Ben'kovskii 2; Borysenko 2007: 320; Gavriiliuk 2000: 312; Huzii & Horoshko 614; Hvozdevych 2010:622, 627-628; Kolodiuk 2005: 50-51; Mandebura-Noha 48]; bread that was brought by a husband to summon the midwife, and the bread that the *baba* brought with her [Boriak 2002: 33; Chubyns'kyi 60; Hvozdevych 2010: 621; Kolodiuk 2004: 78]; placing a metal object in or under the bed to protect the baby and its mother from evil forces [Borysenko 1994: 212; 2007: 218; Chubyns'kyi 63; Gavriiliuk 2000: 310; Hrushevs'kyi 2006: 37; Hvozdevych 2010: 621; Vovk 192]; a jar with red *бору* in the window when a woman was giving birth [Shukhevych 12]; a stove, the main beam of the ceiling [Boriak 2002: 34; Borysenko 2007: 320; Chubyns'kyi 63; Hvozdevych 2010: 626].

The Ukrainian birth customs, similar to other rituals performed in the past, helped individuals to deal with important and often intricate moments in their lives: to move from one stage of their lives to another, to change in status from being a married woman/man to a mother/father; to accept a new member of the family and the community; to protect vulnerable members from negative influences; and also to affect their future in a desirable way.

CHAPTER 2

Medicalized Birth:

Soviet and Post-Soviet Hospital Childbirth

To understand the re-emergence of homebirth in late 20th century Ukraine, the reasons for society's resistance to it, and its meanings for people who incorporate it into their lives, we need to examine the state of midwifery as a part of the health care system on the territory of present-day Ukraine during the previous 100 years or so. The general pattern is similar to the situation in the Western world, but there are certain peculiarities, characteristic to Ukraine.

In this chapter, I examine Ukrainian birth practices during the 20th century, specifically during Soviet times. I pay special attention to two aspects of birth: first, its biomedical component, changes in the birth practices of Ukrainian women as resulting from the development of midwifery and obstetrics as part of the health care system in the USSR; and second, its ritualistic component, i.e. how Ukrainians adjusted to the new birth model, how they adapted and used it to suit their spiritual needs.

The hospital childbirth described in this chapter, represents a perspective of several groups of people. First, it is a perspective of the people who give birth at home. Some of them had experience of hospital birth prior to having a homebirth. Others never delivered in a hospital, but had interactions with medical professionals regarding different health matters; heard other women's stories about hospital births, all of which shaped their own understanding of how birth happens in a medical setting. Second, I interviewed women who delivered their

children at the hospitals, some of whom were interested in the idea of giving birth at home, while others never heard of it. Finally, as a student at a midwifery college I had my practicums in two maternity houses and several hospitals in Chernivtsi, Ukraine, in 2003-2006. I could witness the birth process, as well as observe pregnant and birthing women, doctors and midwives, as they interacted and participated in the childbirth.

As has been mentioned, contemporary scholars who study the ethnological or anthropological aspects of Ukrainian birth customs and rituals focus their attention on these practices performed in the villages some hundred years ago. They conduct excellent research, documenting traditions from elderly people before they are gone from living memory. Their interviewees still remember life in the first half of the 20th century, and in some regions of Ukraine - life before the Soviets. Unfortunately, very little has been written by ethnographers and folklorists on what happened when traditions changed during the historical and political upheaval in this area of Eastern Europe in the 20th century, and about traditions thriving today. An exception to this is a recent work by Olena Boriak *The Midwife in the Cultural and Historical Traditions of Ukrainians*. This book is a comprehensive study of Ukrainian traditional midwifery until the end of the 20th century, and to a great extent it fills in the gap in the scholarship on the topic. Despite being extremely useful for my present research, this book does not cover Ukrainian birth customs that are common in the urban setting today, and those birth rituals performed in hospitals, which are the subject of this chapter.

Medical historians and other medical professionals, in contrast to ethnographers, are much more engaged in the study of what happened in the area of obstetrics after the Industrial Revolution. Their works, being science-based, focus on the biomedical component. They reveal, even condemn the “dark ignorance” of lay midwives and other healers, in alignment with the attitudes of the ruling ideology of the time. Later medical textbooks usually have a paragraph on physiological birth, followed by hundreds of pages describing various complications that might happen during pregnancy, labour, or after birth.

More information on the ritual component of childbirth is available in the works of contemporary western and Russian scholars, such as R. Davis-Floyd, B. O’Connor, E. Belousova, A. Baiburin, G. Kabakova, J. Rouhier-Willoughby. A number of doctoral dissertations on the topic of childbirth were defended in the West using material from different cultures. Scarce information in article publications is provided by the few researchers who study life cycle rituals in contemporary Ukraine. There is a wealth of fieldwork materials, some more easily accessible than others, but a great number of them are still to be processed.

The technological Revolution, with the development of transportation, communication, and mass production, drastically changed human life in the industrial countries. It brought many advancements to different areas of science, including medicine. Public health considerably improved, mainly due to the discovery of the germ theory of disease, and the consequent implementation of hygienic practices in everyday life. However, “with industrialization, there emerged a fear-based need to control nature” [Davis-Floyd 2009: 5]. Childbirth

became increasingly identified as a pathological event, and a matter of concern for a doctor. As lay midwives that normally attended birth had no medical training and were often illiterate, medical doctors perceived them as a negative factor. Many doctors viewed these women as ignorant, dirty and even dangerous, as those who caused more harm than help. “The level of intellect of these women was primitive” [Bystron 428]. “Everybody knows how ignorant so-called swaddling-*babas* are. Needless to say how dirty they are. There are even cases of getting syphilis from them. After the delivery, they do different strange tricks with women...” [Sumtsov 300]. On the other hand, even in the 19th century there were doctors, like O. Matvieiev, H. Rein, who tried to teach lay midwives some basic medical knowledge and use their extensive practical experience, instead of persecuting them [Verkh rats’kyi 255].

To replace lay midwives with trained medical personnel was not an easy task especially in the villages. It required developed policies and regulations of the profession, educational institutions to train midwives, significant money inflow to build and maintain hospitals and other medical facilities, but foremost – the acceptance of women willing to have these trained midwives attend their births. In Western Ukraine, under the rule of Austro-Hungary until 1918, there were no hospitals in the villages. When ill, people used home remedies or asked a village healer for help. Medical help was available in some district towns (*nosimovi micma*), and women could give birth there as well, but out of 46 towns only 27 had hospitals [Verkh rats’kyi 286]. Besides, peasant women treated childbirth as a normal part of life, and addressed a doctor only in the case of

complicated delivery. When the need for the help of a doctor was recognized, frequently, it was too far into labour, and therefore too late for the woman to be taken to a hospital.

In the Ukrainian lands that were part of the Russian Empire, the situation in regards to medical help, and specifically childbirth, was not much different. The objective of governmental and medical authorities was not merely to change a few practices but to “initiate a systematic assault on village culture. They had to eradicate or transform virtually every aspect of traditional birthing and care [Ransel 46]. In spite of all the efforts, regional hospitals were in poor condition, needed major renovations, and lacked medical equipment. Only a few regions had medical stations (*фельдшерські пункти*) in smaller towns that were more accessible by villagers. A few big city hospitals had obstetricians, surgeons responsible for the delivery of children. According to Verkhrats’kyi, at the beginning of the 20th century, only 2% of village women gave birth with the help of a medical professional: either a doctor or a trained midwife. Interestingly, village women had more trust in a doctor than in a trained midwife [Shekeryk-Donykiv 98]. They believed that a doctor would be more helpful in case of serious complications, whereas a trained midwife, under normal birth circumstances, was not a better alternative to a familiar *baba*. Educated midwives were usually young women in their 20s, often not married, who had not had any children themselves, and hardly any experience. It is easy to understand why they evoked fear and mistrust. Ukrainian women in the villages were conservative and not eager to accept innovations in childbirth practices. They could not simply

replace a lay midwife, an insider in their community, who herself went through all the traditional stages of a woman's life (as a girl, as a young woman, as a wife, as a mother, as a grandmother), who performed ritual functions and provided practical and physiological help in labour, with a midwife. Though professionally trained, these midwives were often inexperienced and alien to the community.

Although “under stable conditions, birthing systems are conservative” [Jordan 128], changes were inevitable with the advent of Soviet rule, ethnic cleansing, collectivisation, political and cultural repressions that followed, and under the impact of modernization. Soviet authorities started active implementation of medical care, including hospital childbirth, on the Ukrainian territories. They especially forced these processes at the beginning of 1930s, and after World War II. In some regions it was not uncommon to have both trained and lay midwives present at birth; however, having a *baba* soon became not just prohibited, but was also penalized. Collectivisation required working hands. Women could have a short paid vacation after the delivery of a child; children's hospitals and public nurseries were created to have mothers back at work. On the one hand, it was inconvenient for a woman to go to a hospital to deliver, as she would leave her other children at home unsupervised and all her usual work would be undone. On the other hand, for some, giving birth in a hospital became the only opportunity for a woman to get some extremely needed rest.¹⁵

In spite of the mostly successful efforts the Soviets applied to medicalize birth and move it into the realm of obstetricians and trained midwives, this

¹⁵ Galina's (one of my respondent's) recollection of her conversations with her grandmother who gave birth to all but one of her children at home.

situation was very complex. The authorities failed to completely and rapidly change the religious worldview of people in the villages, to abolish the rituals and customs they practised including those related to childbirth. Atheism as the official belief system, materialist thinking, and even newly created Soviet rituals could not fulfil the spiritual needs of the people. Many Ukrainian women continued to give birth at home with the assistance of a village midwife, a neighbour, or on their own up until 1960s, and even in the 1970s in some remote places [Boriak 2009: 125]. The government had only some degree of control over remote territories, and limited resources to substitute the existing practices with those more preferable and compatible with its ideology. This was also compounded by the famines and World War II. However, in most Ukrainian cities and towns by the end of the 1950s, as well as in many villages by the end of the 1960s, women were giving birth in hospitals [Verkhrats'kyi 354].

Boriak observed an interesting phenomenon, which can also be found in Kononenko's interviews.¹⁶ Traditionally, among the different functions performed by a lay midwife, many were of a ritual nature. When childbirth moved to the hospital setting, when Ukrainians were afraid to call a village *baba* to serve as a midwife, they found a way to adjust to new conditions. An elderly woman, a *baba*, or a "named *baba*" (*названа баба*) was invited when a mother returned home from the hospital with her newborn [Boriak 2009: 104]. This "named *baba*" had to ritually bathe the baby for the first time, and swaddle it. She was an important participant in the baptism ceremony and was invited to the celebration

¹⁶ Ukrainian Folklore Sound Recordings: ploske2000s.mp3, kopachiv986.mp3, korolivka984.mp3, korolivka985.mp3. <http://projects.tapor.ualberta.ca/UkraineAudio/>

afterwards; she often cooked a special meal for it. Later the “named *baba*” became a close person for the family, and specifically for the newly born child. With time, this ritual function became the prerogative of the newborn’s grandmother. This phenomenon was observed mostly in central regions of Ukraine: Rivne and Zhytomyr. Having someone perform traditional childbirth rituals, even an adapted version of them, guaranteed that everything was done as it should be. It provided psychological comfort to the family, and therefore, the wellbeing of the mother and her child.

Another adaptation to the new Soviet reality was the introduction in the 1920s [Rouhier-Willoughby 58] of a ceremony called red baptism, or *zvezdiny* from the Russian word *звезда* (star), referring to a star as one of the symbols of the Soviet era, or *oktiabryny* from the Russian word *октябрь* (October), pointing to the October Revolution. This ceremony was to replace the Christian baptism. Understanding that it was not easy to simply ban rituals, the Soviets created new ones emphasizing their aesthetics as their purpose and meaning. “The Soviet Union used ritual to foster social and political identity within the country” [Rouhier-Willoughby 7]. The public life of Soviet citizens was filled with new holidays and celebrations, while their private life required meaningful substitutions that were consciously either used as a tool to eradicate religious superstitions or needed to fulfil a natural human need for celebrations [Glebin 125]. Here is an example of the naming of a newborn ceremony in Zaporizhzhia region. The ceremony was held in the community hall. Rooms were decorated with flowers, colourful ribbons (pink for girls, and blue for boys), state flags, and

other Soviet symbols: a bust of Lenin, a coat of arms. The master of ceremonies dressed formally with the inevitable Soviet coat of arms on her sash to stress the new meaning of the whole rite. Local party and community leaders, as well as the directors of the organizations where the newborn's parents worked were invited to the event together with their friends and relatives. Festive music and gratulatory speeches welcomed the newborn as a new member of the Soviet society, as a citizen of the USSR, and appealed to the parents to raise a dignified person to serve the country and communist ideas. A medal engraved with the newborn's name was presented to the parents [Vanat 74].

Naming children after party leaders or significant events became another widespread custom in the USSR at the beginning of the formation of the Soviet state in the 1920-1930s [Dushechkina]. This topic requires a separate study, and I will just list a few of them here: *Октябрь/ Октябрина* (Oktiabr'/ Oktiabrina) – male and female names correspondingly to honour the October Revolution, *Владлен/а* (Vladlen/a) – created from Vladimir Lenin, *Вил* (Vil) – abbreviation from Vladimir Il'ich Lenin, *Арлен* (Arlen) – abbreviation from Army of Lenin, *Ким* (Kim) – abbreviation from Youth Communist International (*Коммунистический интернационал молодежи*), names like *Пятилетка* (Piatiletka) – five-year-plan, *Баррикада* (Barricade), *Даздраперма* (Dazdraperma) – created from the famous slogan “Long Live the First of May!” (*Да здравствует Первое мая!*).

In the Soviet time, any ritualistic activity was seen as a harmful relic of the religious worldview of people poisoned with this “opium of the masses”. In

everyday life, people were often scared to practise Christian rituals. For instance, those who occupied important positions simply could not baptise a child, otherwise this could ruin their career; or they would pretend not to be aware of this, because “old superstitious grannies” did it without asking their permission.¹⁷ It was also hard to persecute folk customs related to childbirth, because “folk beliefs blend with the environment” [Kononenko 2006: 48]. With the implementation of hospital birth, the more remote a village, the less control over its people, the easier it was to preserve traditional practices in different aspects of life, including childbirth.

¹⁷ Kononenko gives examples of folk religious activities that continued to be practiced in villages, even under Soviet rule. She argues that “religious activities, especially by older women who could be labeled unenlightened, were tolerated” [Kononenko 2006: 48].

* * *

– Through the act of controlling birth, we disassociate ourselves with its raw power. Disassociation makes it easier to identify with our "civilized" nature, deny our "savage" roots and connection with indigenous cultures. Birth simultaneously encompasses the three events that civilized societies fear - birth, death, and sexuality.

Holly Richards

The more developed the system of medical care became, the more interventions in the birth process it caused. Technological progress, availability of affordable medicine, and the increasing control of biomedicine over a person's health and childbirth created new rituals and practices, which were uniform over the territory of the former USSR and took place in hospitals with medical professionals as central performers. Similar to the practices in Western countries, obstetricians in the Soviet Union, including Ukraine, tried to control and improve nature, using technology. In doing so, they caused more problems, which they tried to solve by applying more technology [Davis-Floyd 2001].

According to the "technocratic model of birth," the human body is seen as a machine, which has to be kept under control and fixed if broken; and the female pregnant body even more so [Davis-Floyd 2003: 52]. Only those initiated, i.e. doctors, have the authority to decide how to give birth; only they know how to treat a usually "defective" woman's body and what to do with it. The doctor, not the woman in labour nor the newborn, is the central character of childbirth. The doctor extracts the baby from the woman's body, he or she delivers the baby, not the labouring woman. The newborn is viewed as a by-product that is rescued by doctors. Many medical procedures are performed routinely, without any actual

need or consideration of the woman's health condition or the peculiarities of her delivery process. Let us examine these obstetrical rituals and customs related to them. Their description may seem too medicalized, which can be explained by the fact that all these childbirth customs and rituals are performed in a hospital setting by people whose belief system is mainly technologically oriented.

Today, Ukrainian society is still extremely patriarchal. Getting married and having children is considered to be the main purpose of a woman's life. Getting married when a girl is 16 is not common any more, but when she is over 30, it is believed to be too late. The further from big cities, the stronger this belief is. The same rule applies to having a first child. Ukrainian obstetrics inherited a term from the Soviet time that many people rightfully regard as offensive: *первородка-старородящая*, which can be translated as a first-birth old labouring woman. That's how a pregnant woman over 25 is called when visiting her obstetrician for a check up. Some women laugh, others get upset. Frequently, a doctor uses very sophisticated language overloaded with medical terms when talking to a pregnant woman or later after the birth, which probably makes him or her look more intelligent. Yulia,¹⁸ who was very disappointed with her hospital birth, shared the following: "The doctor came to me and just said: "Your child has too much bilirubin," and she walked away. I had to run after her to catch her in the hall and ask what it meant and what I should do with it". If a woman already has one or more children, the first question of a medical professional after confirming she is pregnant is often: "Shall we keep it?" Some people think this is bad humour, others get depressed. Frequent ritualistic visits to a doctor during

¹⁸ Yulia is one of my respondents. See Table 3 for details.

pregnancy, waiting in long lines to get tests done, often without having any available seating, “horror stories” about labour shared while waiting, can easily make even a healthy woman feel sick.

Doctors receive poor wages, and are overloaded; nonetheless, they know they can go unpunished in any situation, which leads to numerous violations of medical ethics [Belousova 1996]. When a labouring woman comes to a hospital or a maternity home, a whole set of ritualistic procedures await her. First of all, a woman is shaved and is given an enema. Today, these procedures have been proven unnecessary, but are still performed regularly in many hospitals. In Soviet times and during the first decade of Ukrainian independence, a woman would be dressed in a short hospital shirt with a slit in front reaching below her stomach. Then, she would be taken to a “pre-birth” room, asked many different questions, such as when she had her last period, in order to fill in forms. It would seem logical to copy all the answers from the paperwork that had been previously done, but for some reason, it is important to ask these questions again at this particular inconvenient moment. The idea of risk of pregnancy and childbirth is used to bully women into compliance or to justify technological interventions with no established medical value [Hausman 37].

At the beginning of labour, it is normal to rupture membranes. This instantly increases labour pain making it very hard to cope with it, since a woman’s body did not have a chance to adjust to it gradually. The dilation is constantly checked manually. If it takes a long time, labour is induced with synthetic hormones. As this amplifies painful contractions, pain-relieving drugs

are then used. In some hospitals, a labouring woman is not allowed to walk or move the way she feels comfortable, but is told to lie in bed. She is subsequently transferred to a “birth room”, put on a birth bed,¹⁹ stretched on her back and her body exposed to the doctors. Lights are bright for the doctor and the midwife to better see what is happening. An episiotomy is routinely done, causing many problems for a woman in the future. “When I was pushing they cut me without even telling me. It was very painful, but also felt villainous” [Yulia]. When the baby is born, the umbilicus is cut off immediately, even though there is scientific evidence that it is beneficial for a baby to wait for some time with it. A woman is always addressed as “*mu*”, and never “*bu*”,²⁰ which in Ukrainian language expresses informality, but also the supremacy and authority of the doctor in regards to the woman. Everything in the hospital setting, attitudes and communication patterns, show the doctor’s dominance over the woman in labour. Frequently one can hear the doctor saying to the woman after the birth of her baby: “See? We delivered you so well.” Medical personnel are sometimes rude to their patients. Galyna recalls her sister-in-law’s hospital birth experience as horrible, “not so much the birth itself, but the attitude of the doctors who yelled at her: “You are neither the first nor the last [woman giving birth].” Oksana K.,²¹ who had her older son in a hospital in Ukraine and two other children in Canada, complained that her older son was born at midnight, and the nurse came to wash her only at 6 o’clock in the morning.

¹⁹ called Rakhmaninov bed

²⁰ Both mean “you”. First is used when addressing one person who is a family member, a friend or a good acquaintance, also used to address a child. Second is plural; it is used to address several people, or one person expressing respect.

²¹ Oksana K. is one of my respondents. See Table 3.

After an uncomplicated delivery the woman remains in hospital five more days. Only in the last decade did the separation of a mother and her baby become recognized as unnecessary. It is now possible for a woman to stay in the same room with her child and breastfeed it on demand. Before that, a child would be taken away to a special pediatric unit, and would be brought to the woman for breastfeeding every 3,5 hours with a longer night break. If a baby was hungry before 3,5 hours came to an end, it would be fed with a glucose solution. Until recently, it was common practice to manually express milk after each breastfeeding, otherwise mastitis was thought to be inevitable. I remember my conversation with a young surgeon, very intelligent and an excellent professional, who had the same strong belief, since he saw such situations every day. Unfortunately, he never saw a woman who had managed to breastfeed without manual expression afterwards. My own successful experience of breastfeeding could not convince him otherwise. Other practices in the hospital up until 10 years ago, included tight swaddling of newborns, bringing flowers to the mother and chocolates (or sometimes much more expensive presents) to medical professionals as a gift and an expression of gratitude, etc.²² Remarkably, discharge from the hospital became arranged in a way that a state representative could formally bestow the child on the family, as though the state had created it [Rouhier-Willoughby 107].

²² Medical care is highly corrupted in Ukraine. On the one hand, a patient needs to pay almost for every procedure, while health care is nominally free. On the other hand, medical professionals' salary is so miserable that it hardly covers minimal life expenses. This is a very complex and complicated issue; however it is not the subject of this work.

By the end of the 20th century, Ukrainian women predominantly gave birth in hospitals with a few exceptions. Only those who had a fast labour and had simply no time to get to a hospital, and those who could not afford to pay for delivery, but knew that was a norm in a particular place, gave birth at home. The old traditions were preserved to some extent in rural areas. At the end of the 20th century, a woman could deliver more traditionally in a small district town hospital, where there was a lack of medications, and less medical equipment. Doctors, midwives, and nurses who worked in smaller towns and villages were often engaged in some kind of farming: every family had a vegetable garden, worked on the land, and had cattle. Normally, they had some experience assisting animals giving birth, and were not separated from nature and scared of it, as in big cities where birth became seen as a disease, and was totally transferred into the realm of medicine. In rural areas, people were usually less educated, more conservative, and more religious. They managed to preserve some traditional beliefs and practices that were lost in the urban setting. It was common to hear a hospital midwife advise the woman to unbraid her hair and untie everything in her clothing while in labour.²³ It was also possible in many places to take a placenta back home after the birth, so that it could be properly buried. Common for both the urban and the rural environment was the persistence of some beliefs about pregnancy, especially taboos. These beliefs were explained by the need to avoid negative, and experience positive, emotions [Belousova 1996]. Since these did not directly interfere with a doctor's area of competence, they did not have to be

²³ And even today: “ [In 2008,] doctors in the hospital untied everything on my clothes and my hair too” [Lianochka] <http://www.malecha.org.ua/forum/index.php?showtopic=4842&st=20>

discussed during hospital check-ups, and thus could be safely passed from one generation to another, remaining almost unchanged (for example, the taboo to saw, to swear, to steal, etc.) Other than that, old traditions that accompanied childbirth almost disappeared by the 1990s, and were replaced with new, medicalized and standardized birthing practices, already uniform for many different western cultures.

CHAPTER 3

Contemporary Homebirth Practices in Ukraine

People who give birth at home in Ukraine are all different: they come from different walks of life, live in different parts of the country, and have their own reasons for choosing homebirth. At the same time, in some ways, they have more in common with one another, and with many home birth parents in Europe or North America, than with their closest neighbour next door. What makes them similar is their strong belief that home is the best, safest, and the most *natural* place for a human being to be born. Everyone has her own story of choosing homebirth, and usually there is no way back. For them, childbirth is not a few horrible hours in the life of a woman, which she has to bear, and then carefully attempted to forget, and often to never repeat. In contrast, it becomes a significant part of her past, an experience that most of these women hope to repeat. This event influenced and transformed them as individuals, and also their families as a whole. Homebirth is an important element of their worldview.

I recorded formal interviews with 10 women or families who had homebirths, and talked to many informally. Three men participated in the interviews together with their wives. These people are of different age: from middle 20s to middle 40s. They are educated; almost all of them have a university degree. Each family has from one to four children. I recorded 16 narratives about homebirth. Four women had a hospital delivery experience before coming to homebirth. My respondents live in different cities, except for Tania who moved to a settlement 50km from Kyiv a few years ago, Halia who,

together with her husband, built a house in a village also not far from Kyiv, and Oksana who lives in a smaller town close to Chernivtsi. A list of my interviewees appears in the Appendix, in Table 2. I realize that the number of my interviewees is relatively small. However, I had many more informal conversations about homebirth with other women, not listed here. I also thoroughly examined stories about childbirth, especially homebirth, on several websites (see webography for details). All this allowed me to notice certain patterns and draw conclusions.

Traditionally, everything connected with children was the woman's domain: pregnancy, birth, raising children, and treating them when ill. Men were always busy with "more important" things like hunting, ploughing, fighting, or engaging in politics. They were often not allowed as active participants in family rituals where women had the leading, if not exclusive, roles, traditional childbirth being the best example of this. Today, gender differences, including the division of labour, are less explicit. Speaking about homebirth, we now often hear the term "pregnant couples" and stories of how "we were giving births." Men are not just present; they are active participants in childbirth, with new roles assigned to them and responsibilities taken voluntarily.

Let us look at homebirth more closely, try to define its elements, participants, setting, the customs that accompany it, and the beliefs that surround it in Ukraine today.

As the *Encyclopedia of Women's Folklore and Folklife* states "homebirth refers to delivery accomplished within the home or in a non-medicalized setting" [Carson Banks 304]. If we try to accurately define the term "homebirth"

according to how it is used on the territory of the former USSR, we would also say that it is childbirth that takes place out of hospital, not necessarily at home. In Soviet and post-Soviet Ukraine, there are no birth centres like in the west, where in case of a healthy, uncomplicated pregnancy a woman can give birth with a midwife. The only official option is a maternity unit. All but one such unit are public. Although it is called *пологовий будинок* (a delivery building) in Ukrainian, it is essentially a hospital with doctors, midwives, nurses, medical equipment, and various medications within easy access in case of any problems. All these supplies, undoubtedly important to use in the event of a complicated labour, ought to be used, applied to all patients, and thus justified even if there is no need. “They think that if you purchased a package,²⁴ they need to use everything from it. No matter whether you want it or not, it’s included, and they have to give all the injections” [Oksana]. A woman in labour is being helped even if the best assistance in a particular situation is to wait and observe, and do nothing. The authority of medicine and the doctor as its frontline representative is absolute. Usually women do not question it, they do not even guess they have rights and may have preferences, choices and individual feelings. As often heard from doctors, women have forgotten how to give birth. They believe that only doctors can tell them what to do during contractions, when and how to push, etc. Pregnancy is a disease, and birth is a medical event. “That’s their approach: they will tell a woman in labour ‘You are a fool, you don’t understand anything! We are the doctors.’ Or how they often put it: ‘Listen, this is a Doctor of Medicine.

²⁴ Due to problems with the availability of medical supplies in the Ukrainian hospitals, every pregnant woman is given a list of pharmaceuticals she has to bring to her delivery, a so-called *package*.

We are telling you, you will choke your baby.’ They will frighten you, then cut you open, and then you will be grateful to them that they rescued you, and will be paying everyone” [Galina].

Those dissatisfied with the medical model of child delivery have had, in general, a negative experience with health care professionals. They may choose to explore alternative options for birthing, none of which are officially offered in Ukraine. These options include several types of out-of-hospital birth. Although giving birth at home is the most widespread form of alternative childbirth in Ukraine, it is important to mention waterbirth as a form of homebirth that is frequently offered: in a bathtub, swimming pool, or birth pool. Less common forms of waterbirth are birth in the sea, and birth with dolphins.

As part of the USSR, Ukraine was behind the Iron Curtain for most of the 20th century. New information frequently reached Ukrainians from Moscow, the central hub. This happened with the homebirth movement, which started in the early 1970s in the United States, preceded by the natural childbirth movement. “The home birth movement, however, has carried the concept of “natural childbirth” to a new and much broader level of meaning, taking as its central tenet the proposition that childbirth is *inherently* natural, and that “natural” equates with normal” [O’Connor 147]. About a decade later this movement reached Russia where several family-clubs appeared promoting homebirth. They viewed childbirth as a natural, “socio-psychological rather than a medical event” [Pyrozhenko 12]. Those attracted to this innovation often were also interested in other alternative forms of child development: the pedagogical methods of

Montessori, the Nikitins,²⁵ calling their philosophy “conscious parenthood.” The beginning of homebirth in the USSR is associated with the name of Igor Charkovsky, a sports biomechanics researcher, a swimming instructor, [Pyrozhenko 11] and a rather controversial figure. In 1980, he attended the first waterbirth in a private apartment in Moscow together with Irina Martynova, a midwife [Belousova 2002: 51]. Many others followed. For Charkovsky, water was a sedative environment for the period of contractions, and was the best environment for all human beings to be born. Many people are still inspired by his ideas, many more consider them too extreme. With time, western publications by proponents of the natural birth movement were translated into Russian: those by Grantly Dick-Read, Frederick Leboyer, Michel Odent. More midwives started offering homebirth assistance. Most of them had no medical training. This phenomenon became known as spiritual midwifery, following Inna May Gaskin’s book with the same title.²⁶ As Belousova states, the philosophy of the homebirth community was based on three themes: personal responsibility for one’s own health, spirituality, and ecology [Belousova 2002: 52].

The homebirth movement reached Ukraine a decade later, in the late 1980s – early 1990s. Conscious parenthood centres appeared in big cities like Kyiv, Kharkiv, Dnipropetrovs’k, mostly led by psychologists. They offered pregnant couples preparation for natural birth, and leaders of these groups could

²⁵ The Nikitins’ controversial pedagogical methods, which they used raising their seven children, attracted a lot of attention in the Soviet society in 1970-80s. Their ideas about early childhood development are described in their numerous publications, and are well known in the homebirth community. See www.nikitiny.ru for more information.

²⁶ See the bibliography in the end of the chapter. The first edition of *Spiritual Midwifery* was published in the United States in 1976.

also attend homebirth. In smaller cities and towns, not to mention rural areas, the situation has not changed much to this day. The further from the centre, the more conservative medical authorities and community members are. They are not eager to accept the innovations largely seen by society as marginal. Changes happen slowly, and are not normally caused by revolutionary-spirited individuals. They rather come from the official medical system, influenced by recent innovations in midwifery worldwide, like recommendations of the World Health Organization to exclusively breastfeed babies for 6 months and continue breastfeeding for at least a year,²⁷ or the UNICEF Baby-friendly hospital initiative that widely implemented rooming-in.²⁸

Legally no one is allowed to attend a planned birth at home in Ukraine, regardless of the level of medical training: neither doctors, nor midwives. Yet birth is an unpredictable event; it can happen at home whether a woman wants and plans it or not. If a couple had a planned homebirth, they usually explain to the medical authorities that: “we just didn’t make it in time to the hospital.” Similarly, the presence of a doctor at homebirth, if disclosed, is explained: that they “just happened to be around,” or “stopped by for a cup of tea.”

Medical professionals, most often gynecologists-obstetricians²⁹ or neonatologists, sometimes become interested in ideas of natural childbirth. They get severe criticism from their colleagues, and little or no support and understanding from the hospital administration. Belousova cites an interesting

²⁷ http://www.who.int/mediacentre/news/statements/2011/breastfeeding_20110115/en/index.html
Accessed on July 23, 2012 at 7:50p.m.

²⁸ <http://www.who.int/nutrition/topics/bfhi/en/> Accessed on July 23, 2012 at 8:00p.m.

²⁹ In Ukraine, doctors specialize in both gynaecology and obstetrics, and never separately.

interview with a retired doctor, who participated in an experiment held at the Ott Institute of Midwifery and Gynecology back in 1966. This group tried rooming-in instead of separating mothers and newborns after birth. "...we researched it thoroughly, and everything was very good... However the Ministry of Health was to decide everything. Their representative, Nikonchik was her name, came to us, walked through the rooms, we were so inspired to show her, ... and said that the Ministry of Health didn't allow that. She said nobody needed that."

[Belousova 1996]³⁰ Today, even if sympathetic to the idea, most medical doctors do not believe in the possibility of implementing natural birth practices in Ukraine. As one of my professors in the midwifery college said, "It may be possible in the west, in France,³¹ but not here." Nevertheless, a few doctors have taken leading roles in creating centres that prepare pregnant women for childbirth.

In Ukraine, lay midwives provide the majority of homebirth assistance. Though lacking in medical training, many have extensive experience attending homebirths. Unlike professionally trained nurses and midwives, who start their careers in their early twenties, these women tend to have their own children and personal experience of natural birth at home. Frequently, they feel that medical training will not provide benefits to their chosen profession. In fact, it will most likely interfere with the natural course of labour, and create problems. Medical doctors, midwives and nurses almost exclusively learn the pathological details about pregnancy and birth. Few of them have ever observed a healthy pregnancy

³⁰ Belousova, E. «Наши современницы о родовспоможении в России» (see bibliography for details).

³¹ The reference is made to the book by Michel Odent *Birth Reborn*, where he, himself a medical doctor, describes a transformation of a regular hospital in Pithiviers, near Paris, to a home-like delivery facility, offering gentle birth, including waterbirth.

and labour, but mainly complications during their internship and later at work. They are taught to actively manage the labour, and often do so aggressively, even if interventions are not required. They are frightened to even think of homebirth as an option for child delivery, because “what if something goes wrong?” Pathology is the norm in their practice. “By ‘medicalising’ birth, i.e. separating a woman from her own environment and surrounding her with strange people using strange machines to do strange things to her in an effort to assist her,.. the woman's state of mind and body is so altered that her way of carrying through this intimate act must also be altered and the state of the baby born must equally be altered. The result is that it is no longer possible to know what births would have been like before these manipulations. Most health care providers no longer know what “non-medicalised” birth is... The entire modern obstetric and neonatological literature is essentially based on observations of ‘medicalised’ birth” [WHO 85].

Without its legalisation and institutionalization, homebirth creates problems without foreseeable solutions. In case of real complications during the course of labour, requiring moving from home to hospital, such “amateur” couples are deemed irresponsible, even insane parents. “Long before my delivery I was taught what to say to doctors in case I needed to see them: by no means “homebirth.” They [doctors] sometimes treat such women even worse than those who abandon their children.”³²

Homebirth has become commercialized, attracting people who profit from couples who, following trends, choose to give birth at home unprepared.

³² Iana <http://www.malecha.org.ua/forum/index.php?showtopic=4842&st=120>

According to the web site of the Charitable Fund *Materinstvo*, homebirth in Ukraine costs 4,000-20,000 UAH³³ (\$500-2,500), compared to the cost of \$100 fifteen years ago [Galina]. In hospitals, the fees are comparable, but there are usually two types of fees. One is a donation paid “voluntarily” and accepted officially with a receipt issued. It varies from 20 to 300 UAH. Another type is a variable gratuity paid unofficially, depending on the patient’s ability, and the particular doctor’s demands, if any. This can range from \$200 to \$2,000, depending on the hospital or the doctor.³⁴ There are reports of deliveries in hospitals requiring no payment; however, this is uncommon. Gratuities exist due to corruption, commercialization for the medical services, and extremely low wages of medical personnel, but also due to tradition: one ought to be grateful to a birth assistant no matter who he or she is; their help is appreciated and therefore needs to be rewarded.

Proponents of homebirth emphasize responsibility as one of the main motives and reasons for their choice. The future parents take responsibility for one’s own health, pregnancy, labour, the health of children. They do not put it in the hands of doctors. It is part of being a “conscious parent,” and also a necessity under current circumstances in Ukraine. “A pediatrician is responsible for a child starting from the 8th day, before that – a neonatologist is. In general, it is interestingly organized in our country: everyone is responsible only for his or her part. A gynaecologist is responsible for the pregnancy; he doesn’t care how his

³³ 8 UAH (hryvnia) is approximately 1 USD

http://materinstvo.org/articles/where_to_give_birth.php

http://kiev-mama.com.ua/forums/view_topic/11983?page=3

³⁴ http://materinstvo.org/articles/where_to_give_birth.php

treatment will affect the baby later. Delivery is taken care of at the delivery house... and they couldn't care less how their interventions would impact the health of a mother and her baby in future, they take care of them for only a few days. Then, it's the pediatrician's turn to face the consequences of what has been done during pregnancy and birth, if she cares at all...³⁵ And, in fact, in Ukraine, and in many other European countries, the officially sanctioned system of care during pregnancy lacks continuity. It sees "pregnancy, birth and the period after birth as three separate clinical situations requiring different clinical expertise, different medical personnel and different clinical settings." On the contrary, for homebirth attendants, childbirth is seen "as a continuous process, and part of life in general" [WHO 75]. Ironically, opponents of homebirth frequently accuse its proponents of irresponsibility.

Studying homebirth in Ukraine becomes complicated. Not many are willing to share their experiences publicly in fear of the risk to their families, and to the lay midwives who helped them in birth.

The interest in homebirth in Ukraine and in other post-Soviet countries, especially Russia and Belarus, was boosted by a movement similar to the North American "back-to-nature" movement of the 1960-70s. Trying to make sense of life, a number of people moved out of big cities to the countryside. They settled down on the land: built their own houses, started growing their own food, having babies at home, etc. Rejecting the comforts of the civilized world, the followers of this movement were trying to find solutions for its evils. There were also those who chose this lifestyle based on their environmental views. The majority of

³⁵ http://kiev-mama.com.ua/forums/view_topic/5980?page=4

them are people who call themselves *Anastasievtsy* after a woman Anastasia, believed to live in the Siberian wilderness. In the 1990s, a Russian entrepreneur Vladimir Megre wrote a series of books that quickly became bestsellers. He claimed that in the Siberian taiga, he had encountered Anastasia, a beautiful young woman who was born and lived her whole life in the wilderness, yet seemed extremely knowledgeable about all kinds of events that had happened in the history of humankind and that were taking place around the world. This woman changed Vladimir's life, but in addition to that, she seemed to know the answer to the problems humankind was facing at the moment. Inspired by Anastasia and her ideas, despite not being a writer himself, Megre wrote books which gave answers to philosophical and also very practical everyday questions such as how to survive in post-Soviet reality, be healthy, give birth, raise children, start a business, etc.

The solution offered is as follows. Each family should find a piece of land, preferably about 1 hectare (~2.5 acres). This land suffices to build a house, grow food, cultivate different wild plants and animals on it to create an ecosystem that is perfect for a happy and meaningful life to all the people living on it. Nurtured by love, this environment, called a “space of love,” provides not only physical well being, but spiritual realization and self-fulfilment as well. Every single plant and animal nurtures, feeds, heals, and helps towards the fulfilment of a person. Man is the son of God, and a creator himself. Woman is his goddess. And their children are born wise and have innate divine knowledge within (because they are not brainwashed by the system). This is the salvation for

humankind, starting in Russia (or according to some *Anastasievtsy*, in Ukraine) and eventually spreading out to the rest of the world. Kinship is the cornerstone concept of this philosophy; that is why these farms are called “kin estates.” A family living on this estate is in harmony with nature. Babies are born here naturally; the deceased are also buried on this same land, providing continuity and accumulation of wisdom and power of all generations in this space. Along with traditional and even conservative family values, *Anastasievtsy* have a strong connection to their homeland (by which they mean the space they created),³⁶ they are rooted in the particular land of their ancestors.

A number of such settlements have appeared in Ukraine since that time, inspired and continuing to follow Anastasia’s ideas. Others have significantly modified these ideas and recommendations, adjusting to reality and the particular environment. Homebirth remains one of the most constant characteristics of such settlements. Families who live there tend to have many children. They either help one another during delivery at home, or more often, they give birth assisted only by their husbands/partners.

Homebirth in Ukraine, no matter whether it takes place in a big city or in a small settlement in the countryside, has particular characteristics. It is important to examine them in order to better understand how this life cycle event has changed in comparison with the traditional Ukrainian and medicalized Soviet childbirth rituals.

³⁶ An interesting analogy can be found in Boriak's interviews. Her respondents often say, “your cord has been buried here, this is your motherland”, pointing to the fact that the afterbirth was often buried in the houses which normally had soil floors. Some houses had up to 50 afterbirths [Boriak 2008: 172]. Similarly, *Anastasievtsy* practise burying placenta on their own land, and believe in a strong connection of an individual and the place where his/her placenta is buried.

The first and foremost feature of the childbirth ritual today, both home birth and hospital birth, and the customs surrounding it, when compared to traditional practices, is the inclusion of the whole pregnancy as an important element. Ukrainian peasant women tried to conceal their condition as long as possible; now pregnancy is a matter of concern for many: not only the woman, her husband, and their extended family, but also friends, doctors and nurses in a hospital, neighbours, and so on. Especially for the homebirth community, pregnancy is “the best period. A woman should not suffer and wait till it is finished. It is the time to dig into your heart, time for personal growth” [Halia]. “I liked being pregnant very much. I admired everything that was happening with my body, how my body reacted to the changes” [Iana]. A variety of information about pregnancy and childbirth is available in different published sources: books and magazines, such as “*Мой ребенок*” (My Child), “*Твой малыш*” (Your Child), “*Мир семьи*” (Family World), “*Мама и малыш*” (Mother and Child), “*Домашний ребенок*” (Home-born Child),³⁷ and the Internet. Aside from its educational and informational role, the Internet is a site for communication, where pregnant women and mothers share their experiences, opinions, and advice.

Numerous childbirth education centres in large Ukrainian cities offer to prepare future parents for labour. Men are encouraged to attend classes as well; thus the fee is usually the same for a woman and a couple. Those couples who believe in biomedicine rely on doctors and are less interested in such preparation centres. These husbands infrequently accompany their wives to the delivery room – labour is still considered to be a “women’s” thing. There are beliefs that if a

³⁷ Only the last magazine is distinctly pro-homebirth.

man is present during labour, he may lose sexual attraction to his wife. On the contrary, homebirthers emphasize “we” in every aspect of pregnancy and childbirth. “I think that *we* got pregnant, *we* gave birth, because it’s hard to say that I did it. We really did it together” [Halia].

Informational sessions held in such centres are complemented with yoga, swimming, diving, meditation, relaxation, belly dance and other classes. Pregnant women usually enjoy swimming, because it brings the feeling of being gravity-free. Besides, “water derails fears during pregnancy. It clears off the fear of labour” [Halia]. It “helps to release physical and mental blocks” [Dima]. Art-therapy is widely used in childbirth preparation classes: drawing, modelling, body-art. Many women said they discovered a passion for handiwork while pregnant: making dolls, working with clay, straw, embroidering. A significant part of the childbirth preparation is watching documentaries about the development of a child *in utero*, and about birth in different cultures, most often not technologically advanced. “I found it useful to see other women’s experiences. I watched a few films, and watched closely, not that the camera was somewhere at the side, but very focused. So I watched several films and calmed down. For some reason, it comforted me... for some reason, I wanted to see it all” [Marina]. On the whole, childbirth preparation classes “are not just about information, they provide the atmosphere of health and happiness” [Halia].

The majority of Ukrainian women do not have access to childbirth preparation classes. Nevertheless, couples who decide to have a homebirth argue in favour of thorough preparation. If they find a midwife and make arrangements

for a homebirth with her, she is the one who provides the preparation. She visits the place where labour will take place. She answers questions and also gives advice as to how to get ready to have birth at home. Her recommendations fall into two categories: physical and psychological. The former includes diet recommendations, specific herbs for pregnancy, the period right before and after delivery, special exercises that prepare a woman's body for labour, massage that makes her skin elastic and stretchable, etc. Labour is discussed in detail with the woman, her partner, and the older children in the family if they are going to be present at the birth. Psychological recommendations include various techniques:

First thing that the midwife stressed was a connection with nature. She said, choose a favourite birch tree close to your house, and go and talk to it every day. It may be just a 5-minute talk about anything you want. You need to restore a very deep connection to mother-earth.

Second, she said it was very good to avoid talking a few days before labour in order to accumulate inner energy. Some people tell their family and do it for a day, two or even a week to puzzle out their thoughts.

Another ritual she suggested, was asking forgiveness. I was supposed to find time when I was alone, light a candle and start looking at it. Whatever images would appear in my mind, especially those that evoke negative emotions, I had to let go and forgive. She told me a story that one woman saw her grandmother and forgave her in this way, and in an hour her granny phoned her, even though they hadn't communicated for decades. [Iana]

Marina had a solo birth, and was preparing for it herself, without a midwife.

However, she often felt the urge to behave similar to the midwife's recommendations mentioned above. She wanted to be alone as much as possible, avoided talking with people. She really liked thinking, watching running water, singing.

If a couple is interested in homebirth but does not have a midwife, they try to get prepared on their own, following the recommendations found on the

internet, in publications, or from their friends who had their children at home. As women's sensitivity is thought to increase significantly during pregnancy, many follow their inner voice. They trust their own feelings and desires, and believe these point towards what is the best for the baby and its mother. Katia needed to remain physically active after she got pregnant. She skied in the mountains and swam in the river. Halia visited a sauna and a swimming pool on a regular basis. Galina practised yoga, and lived 2 months of her pregnancy on the seashore in a tent together with her husband, swimming and hiking all the time. Marina also spent much time swimming, jogging, and doing sports. Natasha and her husband were taking ballroom dance lessons during three of their pregnancies. Olia spent 3 hours walking every day. Almost all the respondents mentioned that they wanted to walk every day.

Aside from physical activity, Iana felt passionate about knitting when pregnant with her first daughter, and about embroidering with the second. Her midwife, Valia, suggested that Iana sew a special protecting swaddling cloth for her baby. It had to be made of a white fabric or have a light pattern on it, and Iana was supposed to sew it by hands. After the birth, whenever she had visitors she did not feel comfortable with, she could use this cloth to cover her daughter and protect her in this way. She also embroidered a ritual towel, which her husband took together with bread to summon the midwife when the labour started. Both Iana and Marina sewed and embroidered a special bag to bury the placenta, and Iana also prepared baby clothing.

I wanted to sew everything myself. I wanted to make it from the fabric I would choose. Some pieces were sewn out of my own, my

brother's, or sometimes, sewn of a new swaddling cloth. My own swaddling cloth was the one prepared for my birth by my grandmother.

In the past, craving for particular food was believed to be the wish of the child. Today, cravings and feelings in pregnancy, which disappear right after birth, are considered to reflect individual features of the child. When Natasha was pregnant with her second daughter Tania, "everything seemed to be painted pink, life was wonderful. And Tania is exactly like that. With my third child, what I felt was definitely not mine: something philosophical, to sit somewhere and observe. And he can lie and think for long hours." Olia and Dima state that their son Egor likes listening to Mozart's music: she would listen to it every day during pregnancy. Iana said that she became sensitive to criticism when pregnant with her second daughter, and so now is Tsvitana. During her first pregnancy, she loved going to the market and reading the local paper full of advertisements about buying and selling, which she never did before or after that pregnancy. Marina's daughter is a poor eater, and that's how Marina felt all 9 months of pregnancy. Natasha believes that a pregnant woman can influence and to some extent even shape her baby's personality: "...but this is not about her behaviour, it's about feelings and thoughts... how effective is it though? She has to be persistent." Sometimes an unborn child is treated as having a shaped personality that is consciously acting, not just revealing specific personal traits through a pregnant body. Dima and Olia believe their son Egor actively participated in their life during pregnancy, i.e. if Olia did anything that was not beneficial for her health or comfort, he would kick her quite painfully. "He would kick me right away, and I had to lay down and relax. I would say, "Oh, dear! I beg your pardon, I agree

with you.” Interestingly, I felt relieved only if I agreed sincerely, from my heart.”

Another example of perceiving the child as an individual, who possesses knowledge inaccessible to us, who is still connected with the other world, is that the particular place for the birth, and certain peculiarities of it, depend on him or her. “Midwives told me later that a woman can think whatever she likes, but if a child doesn’t want [to be born in the water], it doesn’t matter how long she is sitting in the bathtub, she won’t be able to deliver until she gets out of there” [Katia].

Future parents nurture a close connection with a baby *in utero* by communicating with it. “I think I was talking not here with my belly, but somewhere in a different place. Later, when he started moving actively, we communicated with his body, but before... it’s more like talking with his soul” [Katia]. Marina and her husband would simply put their hands on her belly and each of them would silently communicate to their daughter whatever they were feeling at the moment. Iana’s second daughter Tsvitana loved it when they caressed her heels in the belly, even putting them forth to be petted.

Women often interpret night dreams as one way in which the baby communicates with them. For instance, Marina had dreams about her daughter Veronichka. “She was holding out her hands to me, and then we were riding clouds together.” “Dzvinka came to me in a dream when I was 7 months pregnant,” Iana explained. “As if I woke up and saw a girl in a long shirt who was looking at me like an angel. And in her eyes, I could see endless love, and infinite forgiveness of everything I would do to her later.” Interestingly, a baby

can appear in a dream not only during pregnancy, but also during or before conception thus notifying future parents about his or her approaching arrival. “I remember the moment of conception very clearly. I remember the blue-blue sky descending on me. And I am floating under the sky as a river, as the big water... and I see myself somewhere between the sky and the water, and I am thinking: will it pass me by or not? ... Then I realize: no, it won't. I am pregnant” [Iana]. Galina believes that a child is drawn to his or her future parents a few months before pregnancy. She worked in the navy, and was in Algeria at the time the unborn child “came” to her.

I was on the top bridge of the ship sitting in a chaise longue and bathing under the warm autumn sun. I heard shooting in the city, then quick squirt, and explosions. Somebody was crying. There were fires. The whole city was steeped with the fire and smoke. It was a real war. I was looking at all this, and felt so strange as if I was in the middle of this fighting, and at the same time, somewhere in my own world. It was bizarre.

Suddenly, I wanted to do something for the whole world, something global. And at that moment I felt as if something descended on me. Something happened to me... as if it was grace... And in the evening I thought that if it was my future child, then I had to see proof in my dream...

I had a dream that night as if I was swimming in the sea and I saw a ship. I was trying hard to catch up with it, because I love ships. And at that moment a small whale appeared next to me.³⁸ It was pushing me gently with its nose... After that I knew for sure that I would get pregnant soon, and so it happened.

Dreams about labour are thought to reveal fears and hopes connected with it or even foretell its course. “When pregnant with Tsvitana, I was dreaming that I was giving birth very easily, without pain, I simply relaxed and did it to my delight. And did it myself, without doctors...” [Iana]. Since Katia had been practising yoga and meditation for many years, she communicated with her son in

³⁸ Dreaming of fish foretells pregnancy for a woman [Bryniak 57; Chornopyskyi 347]. The image of the whale has analogous meaning in this context.

meditation. “I was asking him, if he was considering any other options other than homebirth. Basically, we made an agreement.”

There was no unified opinion regarding ultrasound examination among my interviewees. Some believed that it could be harmful for the baby, that its impact has not been studied well enough. Others had sonography several times during pregnancy and even treated it as a special photo session. “We had pictures of Tsvitana from the test, we saw her on the monitor and knew that she would resemble her dad. She was so tiny, and still we could see that chin and nose.” Unlike Iana, Halia considered ultrasound to be an unresearched and unsafe procedure. She explained that a baby during an ultrasound test “feels what we do when a helicopter is landing close by. And the baby feels the vibrations, we don’t feel ultrasound waves but the child does and very well. There are women whose babies stopped developing after their moms made photo albums of those ultrasound pictures.” Olia did not have any ultrasound examination either. She was very happy to get her grandmother’s support in this matter.

All my respondents paid special attention to their diet during pregnancy: they tried to make it balanced with a lot of fruit, vegetables, and juice. “My neighbours used to say that I would give birth to a carrot rather than a human baby, because I had a lot of carrot juice every day” [Iana]. Marina trusted her feelings when she did not want to eat much: she preferred a little and only simple food. Sometimes to know one’s nutritional needs was not enough. As Oksana shared: “It was a hard time. I simply couldn’t afford to buy the food that I wanted to eat.”

Homebirth parents do not trust biomedicine and thus avoid taking any medication during pregnancy. “For my family,” Halia said, “it is very hard to use any traditional medicine³⁹ when we are ill, because I don’t believe in it. I just know that medicine eliminates symptoms, but the cause of the disease remains there... If the problem is not solved on a psychological level, it will pop up here or there.” Katia had the risk of a threatened miscarriage and anemia early in pregnancy. Her doctor prescribed her a number of medications.

We went to the Alps. I didn’t take any of those pills. I skied, went swimming in the ice-cold river. I started doing reiki to recover the level of hormones in my body... Different fears rose to the surface. I think they also affect the ability to bear a child.

So I worked with all of that, and when I came back home and had an appointment with my gynecologist, she made tests and said that she would not discourage me from homebirth any more. She said, “I don’t know what you were doing. But I also read books; I understand that in theory it is possible to work with consciousness. If you really didn’t take anything I prescribed, and it’s normalized, do whatever you think is right. [Katia]

In spite of negative attitudes to biomedicine and the decision to have birth at home, all the women who had homebirth also registered with a maternity unit during pregnancy.⁴⁰ A few of them did this only to get social assistance later. Others wanted to make sure that their pregnancy and infant were healthy.

³⁹ Interestingly, the term *traditional* with regard to medicine and medical professionals in Ukraine is used in the opposite meaning to that in the West. In both Ukrainian and Russian, *traditional* means biomedical. On the contrary, *non-traditional* usually refers to alternative health care, such as acupuncture, chiropractic service, homeopathy, etc. The definitions seem to be turned upside down, because “alternative perinatal services are not really alternatives at all, but rather a return to beliefs and practices pre-dating the emergence of modern obstetric medicine. Indeed, modern official perinatal care might be seen as the real interruption (real “alternative”) in a deep-rooted human tradition of lay health care” [WHO 51].

⁴⁰ In Ukraine, in order to receive social assistance for childbirth, every woman has to register with a maternity unit during first 12 weeks of pregnancy. Part of the maternity unit called *жіноча консультація* (women's consultation) issues *обмінну карту* - a card containing all the medical test results and other health information. Without this card, a woman in labour is admitted to the hospital unit for women who have infectious diseases or those who have no tests done (often homeless or other risk group individuals).

However, their mistrust of doctors and official medicine in general, usually consolidated after a few visits. “I don’t like doctors and try not to listen to them. If you let them they will start telling you what is wrong with you: not enough milk, not gaining enough weight... Dealing with doctors was so traumatic that I was ready to take on all the responsibility” [Marina]. “When I found myself in the hospital atmosphere of sickness, like on a conveyer, or in traffic, I felt all its ‘pleasures’” [Tania]. Galina tried to register with the nearest maternity unit in early pregnancy, but could not because they did not like the address record in her passport.⁴¹ “They just drove me crazy. Did I put that stamp in my passport?!” [No.] So I didn’t want to go there any more. I decided that my nervous system was more important to me.” Another time, doctors encouraged Galina to stay in the hospital and get proper treatment.

It was nonsense! As if they were all insane there. And the doctor was thinking exactly the same about me: “Why don’t you want to stay in the hospital?!” I didn’t want to explain to her that I wanted to swim in the sea, hike in the mountains; that I normally come after this [a visit to the doctor] and go up the ninth floor without any shortness of breath. So the doctor said: “You seem to be a normal woman, you don’t look insane, but you don’t want to be in the hospital and get ready for labour!”

When Galina came to another maternity unit being eight months pregnant, she was told: “You are pregnant. It is too late to identify any anomaly in the development of your infant. Whatever you have, you will be giving birth to it.” The same doctor dramatized the situation even more, saying with sarcasm: “You

⁴¹ Every Ukrainian 16 years old and older is issued a so-called internal passport. This governmental document has a stamp with a current address of a person. Everyone who wants to travel abroad needs to get another, international passport. In the Soviet Union, it was almost impossible to get a job if a person didn't have this address stamp in a passport. In Ukraine, it is still used to define if a person lives in the service area of the medical institution.

are lucky, you will be in coma, and your stressed out husband will be running around looking for \$500 to pay for a blood transfusion for you.” After that, this woman dealt with the head of the hospital because other doctors said she was “inadequate and dangerous.” Such negative experiences solidified the decision to have homebirth. “They just didn’t give me a chance to deliver myself, only caesarean section. They believed that my pelvis was too narrow, that I was an “aged pregnant woman” (*беременная в возрасте*; Galina was 29 years old at the time), that I had anemia and gestosis, and my infant was too big (Sasha was born at 3kg which was a normal weight for Galina).”

Olia and Dima were considering hospital birth until the 8th month of pregnancy. Living in Kyiv, they had a wider selection of hospitals in which to deliver. They tried to find the one that would suit their needs.

They showed me a birthing room and said that it was so beautiful, that they had renovated it. Here’s what I saw: white tiles [on the walls], lattice on the windows, Rakhmaninov bed and a modern birth ball. This lady was just gleaming showing me all this. When she asked me how I liked it I said: “Probably, you changed a lot here, but this is horrible.” She didn’t expect to hear that, but I just couldn’t stand hospitals, and there were those tiles.

Natasha made a decision about homebirth while still a teenager, and successfully had her four children at home. She was mistakenly diagnosed with a gynaecological disease and stayed in the hospital for three weeks until it was determined that she was healthy.

It felt like I was in a prison. We had to get up at 6 in the morning, do our beds, and wash, before doctor’s round at 6:30a.m. We couldn’t lie in bed during the day. Most of those young girls were virgins, and they felt embarrassed because of the doctor’s exams. Nevertheless, we were all treated like whores. That is why when I got pregnant we started looking for a midwife for homebirth.

Aside from personal negative experience, my interviewees had heard numerous hospital birth stories from their friends and acquaintances. “Listening to those stories made my hair stand on end” [Olia]. Iana still dealt with the consequences of her hospital birth many years after it. “All the birth stories that I heard while being pregnant and right after my birth were horrible: with pulling a baby out, inducing, anaesthetising, with resulting Down’s syndrome, autism, one baby even died in labour. When my classmate’s wife was 8 months pregnant, she had an appointment with her doctor and ended up undergoing an emergency caesarean section” [Galina]. Oksana had her first two children in the hospital.

It was so stressful. “Don’t lie there. Don’t stand here. You can’t touch this.” A nurse was watching me trying to make sure I didn’t stain anything. It was in a village, so the hospital unit was in a residential building. I was told that there were people behind the wall, so I was not allowed to make any noise and wake them up.

Then the midwife told me that it was too late, she wanted to get some sleep, and I was not supposed to disturb her. They gave me a shot and put me to sleep. After, they induced labour with oxytocin. The contractions immediately became extremely painful.

When I was delivering my second daughter, I was almost ready to push, but there was a woman right before me who had given birth to triplets. Everybody was exhausted.

The midwife came in and said that she was tired and went to rest. So I was choking my baby for 4 hours, not letting her out, until another woman who was giving birth to the fourth child in the same room couldn’t stand it any more. She went to the midwife and warned her that she might get into trouble. The moment I got on that birthing bed my daughter was born, but she was violet and so swollen.

[While in labour], I wanted to go to the bathroom, but I was not allowed. They told me I could drop my baby out. I asked someone to go with me, but they didn’t.

Oksana was pregnant with her third child a few years after Ukraine became independent. The economic situation in the country was extremely grave.

She heard various rumours such as that children can be mixed up by mistake or intentionally in a hospital, a child could be sold and its mother told that it had died during labour. This scared her, reinforcing her decision to have her child at home. In addition, she watched a TV program about women giving birth in the Black Sea with the assistance of Igor Charkovsky.

I so much liked what I saw: a woman is in labour... the sea is quiet... blue water, her husband is near her. She is swimming, she looks happy. Something is probably happening with her body, but it's not the suffering that we usually see with scratching, yelling.

They also showed how a baby was born. It was born and raised to the surface right away. No stress, no pathology, nobody is threatening you. You are not afraid that your child will fall on the floor or meet the lancet.

All the women felt lack of positive birth experiences being surrounded by horror stories. Yet, listening or reading positive stories inspired and comforted them, and they regarded these as truly valuable. Unfortunately, their own mothers did not have positive experiences. They all gave birth in the Soviet Union, having a standard medicalized labour, with probably less medication than today, but with other unreasonable interventions, and practices considered routine like separating a mother and her baby for three days after the birth. Galina's niece had her child in 1993 in the hospital. She did not see the baby for three days: doctors said it was "too weak, too feeble."

Some people are very obedient. They care so much what others say about them. I realized that I would look insane, but I would never wait three days to see my child [Galina].

I didn't want to listen to our mothers' stories and adopt their experience. I love them very much, but they delivered us in the Soviet time, so I didn't even want to start this conversation and insisted on that. For some reason, people like telling horror stories [Olia].

The women believe that passing positive birth experience from mother to daughter is extremely important. Those who have daughters will try to prepare them to become mothers. “A girl needs to understand that being a mother is a responsibility and hard work” [Marina]. Iana described how during childbirth preparation class, pregnant women were asked to imagine a newborn baby, and choose a behavioural model. They were struck and did not know what it was all about. Iana appreciated that her midwife spend a lot of time during pregnancy discussing with her how to look after the newborn, passing on her motherly experience. She also came to visit Iana right before the birth. They spent time looking through all the baby clothes that Iana had prepared. “It felt so sincere, so motherly. And I have to say that Valia showed me the model of what is a mother’s behaviour with a newborn. I didn’t receive it from my mom.”

Meetings with midwives were reassuring for my interviewees. Women met several times during pregnancy and could phone and ask questions as many times as needed. Seeing the midwife’s confidence, her positive and yet professional approach to pregnancy convinced my interviewees that homebirth was the best option for them. Unlike the hospital setting, the midwives treated pregnant women as individuals who had their desires and problems that were possible to solve. “Lay midwives are very close to people, they always understand a person, they have great experience, and they have sensitivity” [Halia]. Midwives always included husbands as important partners in pregnancy and birth. They explained that they had their tasks to do, and most important they had to protect their wives.

However, Marina was disappointed with the midwife after talking to her, and decided to give birth solo. Galina was not satisfied with Valia's answers to her "what if..." questions, and continued searching for another birth attendant. Natasha had her first baby with a midwife, and then three other children assisted only by her husband. Both sides emphasized the importance of mutual understanding and personal compatibility between the midwife and the birthing woman.

The women argue that the emotional state during pregnancy has a huge impact on labour, as well as on the future child. Tania thinks that in childbirth 80% of its success depends on a "positive attitude and mindset to successfully give birth." Olia and Dima think that a woman's reaction when she learns that she is pregnant is very important. "I don't know exactly how, but I think it will manifest itself" [Dima]. If the relationship of the couple is stressful, if partners frequently argue, this will negatively impact the pregnancy. On the contrary, if a woman feels protection from her partner, "it gives her special strength. Also very important whether they are spiritually close friends." "A pregnant woman needs to enjoy beautiful things... During this period, it's important to be relaxed, to exclude from life everything that is unnecessary... It's better to spend time doing what she likes to do: enjoying nature, art, etc. depending on what she likes" [Marina].

My interviewees, as well as other homebirth proponents, stress that childbirth is a very intimate process. They often compare it with conception – that most people would not like to be observed while making love and told the

“what, when and how” during the process. “Labour is a private process like sexual life. And if people can do it alone, that’s the best. A midwife can be somewhere close or on the phone just in case” [Natasha]. “Homebirth is the only way to save something intimate and valuable” [Marina].

Traditional folk beliefs related to pregnancy, various taboos that were common in Ukrainian peasant culture, do not evoke great interest today. The women received some advice from their mothers or other older relatives regarding activities considered prohibited, such as sewing or knitting, but most often they ignored it. “Everyone tried to warn me that if I sewed or knit, my baby would get a loop in its cord. Even though I knit, we had no issues. Knitting comforted me. Of course, there were moments when I felt uneasy, like when everybody around you is talking about it...” [Olia]. “I was told not to drink water from a bottle or my child would be a drunk. What nonsense!” [Halia]. “My mother-in-law told me that I couldn’t raise my hands, but I was not interested in that. I felt very distant from such advice” [Marina]. “Once I got a haircut when I was pregnant. My father-in-law was very angry with me. He said it was dangerous for my child” [Yulia]. “My husband has a birthmark on his shoulder. It is in the shape of a raspberry. My mother-in-law explained that it was because she stole raspberries during pregnancy. I didn’t want to listen to it, and rejected it completely” [Yulia]. Although regarding a particular restriction as a superstition, they still avoided actions that could bring on some kind of misfortune. “I wanted to cut my hair when I was pregnant, but then changed my mind. Not because of that, no. Simply... well maybe just a little bit” [Katia]. Iana was so anxious about giving

birth on Friday, 13th that her labour lasted more than two days. Only after midnight, on the 14th, was Tsvitana born.

In the past, the sex of a future child was predicted by the shape of the belly, by the way woman looked during pregnancy, etc. Today this is done with the help of ultrasound. Future grandmothers or even medical professionals still use old traditional methods, whereas the younger generation does not believe in some of these techniques, but considers some others. Here is Galina's story about how she identified the sex of her future child:

Crimea. I am walking down the path to the sea and thinking: "Why does everyone get to know who will be born, but I don't get any information, well, almost... only a little bit in a night dream. Some women meet a gypsy and she predicts, but I don't meet anyone."

So, I turned to the road and soon a car caught up with me from the back and stopped. They probably couldn't see from the back that I was 8 months pregnant and decided to give me a lift. A driver jumped out of the car and ... although he saw the whole picture he still had to say something. So, he said: "You will have a boy. Name him Sasha."

Galina interpreted this story as a sign for the sex of her future child, and even used it when choosing a name for him. More about naming children will be discussed later.

Iana is very passionate about Ukrainian folk tradition. She finds deep meaning in folk customs and traditions that add to her perceptions of the worldview of the Ukrainian people. Her embroidery and other handiwork always contain symbols that, she explains, carry expressions of inner human needs and desires. Iana strongly believes that these needs are reflected in the symbols a particular person likes and chooses to buy or create. These symbols can also influence the life circumstances of the person who uses them in his or her

environment. Iana enjoys both: interpreting and creating such symbols. She illustrated this interconnection by the following example.

I made a dozen threaded dolls (*нитяні ляльки*), and brought them to the kindergarten where I worked at the time. After showing the dolls to my colleagues, one of them who was 8 months pregnant wanted to have a better look at one of the dolls, which she did. Having looked at it, the woman returned the doll to me, and another colleague wanted to see it too. I said, “You can’t do it or you will get pregnant in 2 months.” The lady, however, didn’t believe in that. By the way, she just returned to work from a maternity leave. After her, another girl who had cancer surgery some time before that examined the doll closely. “I’m not afraid of anything now,” she said. Guess what happened? The first one was pregnant in two months and the second – in three.

Iana explained that traditionally, a doll was passed from a grandmother to a granddaughter, or from a mother to a daughter as a symbol of fertility. She stated that in many traditions worldwide, a girl would not get married without such a protection doll.

When I got pregnant, I started making such dolls on purpose and giving them away to women who wanted to but couldn’t get pregnant. Some of them have had their children already. I am receiving more orders for these fertility dolls. So, I make them, spit on them... there’s a belief that if you drink from a cup of a pregnant woman you will get pregnant too.

My other interviewees did not share this attitude. However, there are numerous records of this and other beliefs related to pregnancy on Ukrainian Internet forums for mothers. They are so diverse that this topic deserves separate research. One example is a group of women on www.malecha.org.ua who organized the exchange of cups belonging to pregnant women who are willing to share their “fertility bacteria.” This, like many other folk beliefs related to pregnancy and birth, is often explained by new scientific findings, or as intuitive

folk wisdom that predated rational laws [Belousova⁴²]. For a woman who wants to become pregnant and can't, it does not matter why and how it works; she is happy to employ any method that results in a pregnancy.

Women are introduced to their culture's birthing system through formal as well as informal methods of information transmission [Jordan 38]. The average woman in Ukraine has some knowledge about physiology and childbirth from school and from other women's stories, but it is very limited. Complete reliance on medicine, long-term medicalization of health, makes it seem unnecessary to educate oneself. Women rarely have a clear understanding of the birth process even after having a baby. Viewing labour as a medical procedure makes it unnecessary to analyse this experience carefully. Furthermore, a woman in the hospital is often affected by medications; therefore, her perception is altered. For instance, it is a surprise for many that after the birth of a child the placenta has to be born. Today, a woman who gives birth believes that only a doctor can tell her how.

Many people simply don't think. They seem to be quite intelligent, but they don't understand what will happen during labour. They can't even imagine. They have no clue. Many of them think that they will go to a hospital and get help. Others think that if so many other women gave birth, they will be able to do it somehow. Absolutely no awareness! I think today it's not a good thing [Halia].

People planning homebirth try to expand their knowledge about childbirth as much as possible. Homebirth is a huge responsibility, and they believe that parents, not doctors, can take this on. They think that *“больница – для больных”*

⁴² Belousova, E. “Современный родильный обряд”. Unfortunately, I couldn't find a printed copy of this article, only an electronic version on the Internet. I also found several references to it in other sources, though without an indication of the year of publication or a publisher (see bibliography for details).

(a hospital is for sick people;)⁴³ pregnancy is not a disease, and there is no place like home for humane birth. They believe that if a woman in labour understands the physiology of childbirth, she will know how to behave during delivery, will be confident about the changes her body is undergoing, and will feel what is the best for her baby. They trust the ability of their bodies to give birth naturally, without interference, in the environment they choose. When a woman's needs are met in labour, she feels safe, she trusts her body and knows what to do.

I need a quiet, dark, private place for birth, the place I am used to. [Tania]

There's a certain percentage of people with pathology, those who really need medical help to be able to bear a child and deliver it, maybe 5%. And there are 95% who don't. But medicine evens them all out. That's why so many unwanted things happen. [Halia]

Medical professionals see childbirth as a risky event, so prefer to make it as short as possible for the sake of both the woman and her infant. They assume that to prevent possible risks, it is better to induce labour, thus keeping it under control, than to let it start when the baby is ready and its mother's body starts releasing the necessary hormones for birth. Though hospital policies regarding labour management started changing in the last few years, it remains a *managed* process. There are numerous accounts of inducing labour in the hospital at 38-39 weeks gestation or earlier, as if applying the rule "the sooner, the better," along with the negative consequences of such intervention. The possibility of waiting until a woman's body starts birthing is another argument in favour of homebirth. In homebirth, to wait even 2 weeks post due date is considered normal, as such

⁴³ It is a word play: in Russian, both words hospital and a sick person have the same root – *боль*, which means pain.

calculations are only relatively accurate, and an individualized approach to each woman, each child, and each birth is important.

Some women feel the approaching birth. Iana was embroidering a ritual towel. She finished it at one o'clock, washed it, hung it to dry, and said to her husband: "Now we are ready for the birth." Five hours later her labour started. A stork flew over her parents' garden, where they were working at the time, the same day her first daughter was born. It made a circle in the sky right above them and flew away. Her father said, "It probably brought us a grandson or a granddaughter."

When the actual labour starts, women usually continue doing what they have been busy with, or try to prepare a room, the water for the bathtub, etc.

It's so wonderful when birth takes place at home... When I have a contraction, I am breathing, breathing, when it goes, I am back to what I was doing, even household chores... my children are watching TV... when I feel that it's coming again, I lean against the wall, breath and it goes again. So when the time to push comes, I am not exhausted, I have enough strength to do it. I push slightly and the baby is born. [Oksana]

After naturally inducing labour,⁴⁴ my contractions became very frequent, every 10 minutes or so. I can't say they were very painful. It was more like tension. But I didn't expect it to start for another week. And I hadn't finished sewing baby clothes. So, I was standing during contractions, and sewing in between. In the morning my husband realized that we were in labour. We lit candles. We danced..." [Iana]

Most of the women who have homebirth had healthy pregnancies, so the midwife normally comes when the contractions are frequent. Iana's husband Iura took a loaf of bread and a ritual towel Iana had embroidered during pregnancy to

⁴⁴ Sex is believed to be an effective method of natural labour induction. Semen contains prostaglandins, which help dilation. "...the initiation of labor by sexual stimulation is well known to midwives but is still relatively unexplored in the research literature" [Bates & Newman Turner 89].

summon their midwife. This practice happens rarely today, and the midwife does not follow it, but it was important for Iana. If this is the first birth for a woman, the midwife comes as soon as she can, comforts the woman and her family, checks on the dilation if the contractions are frequent enough, and sometimes leaves if she sees that there is still a long way to go. If she stays with the couple, she leaves them alone, if that is what they want, or helps the woman by doing massage, breathing exercises with her, etc. The woman can eat food at this point to enhance her energy, which is absolutely not allowed in the hospital setting. The further into the labour, the more the woman merges with the birth flow; the more she focuses on her feelings.

I didn't need anyone at this time, even my husband. I had a feeling that I was in the flow, that I was a tool and I was there alone. I had a very strong feeling of something coming from above, so powerful that my head... that I had to squint my eyes. This pressure on my head was so strong...and then it suddenly stopped. [Marina]

My husband says that when I am in labour, I seem to be away. It's a strange state. I am here, I can see and hear everything, I talk, but at the same time I'm half-here, half-there. And this half-here, half-there allows me to feel what I need to do. Probably, it's not possible to feel it in the hospital – there are people. Even now when they have private rooms, that environment is not familiar... But a woman needs to be very attentive. If she is not ready, if she wants a doctor to be responsible for her, she won't feel it even at home. [Natasha]

Basic needs related to labour are discussed with the husband or partner. He provides a safe space for the woman to give birth, he does all the physical work, he literally supports his wife. A woman, her husband, and a midwife are usually the only participants in the birth. If there is anyone else, it is believed it is meant to be; there are no accidental people present in labour. Many women said how important it was for them to feel support from their husbands. For reasons

unknown, Iana could not even hear the midwife's voice during labour; she simply wouldn't react to it, but responded to her husband. "That's why a close person is so important in labour. A birthing woman responds to his voice faster" [Iana].

Lights are dimmed. Some women prefer quiet music, some – silence. A woman rarely lies down in homebirth: she moves, trying different positions, feeling and finding the best for a particular moment. At this point, many women move into water, which helps relieve pain during contractions. Katia had candles around her bathtub, and music, which she carefully selected long before the day. "I was not screaming or singing as some women do in birth, I was sitting in the water and laughing... It was also very interesting for me to watch what was happening within, I was excited about what would come next." "Using water efficiently helps control pain. On the other hand, there are people whose contractions stopped when they got into the water" [Natasha]. Galina performed yoga asanas to ease the pain of contractions. Later, she could relax only by getting into water. In the conventional medical practice, relaxation seems to contradict the delivery process. All my interviewees stated that because the birth process developed gradually, they could adjust to every contraction, and most importantly, had time to relax in between. Iana and her husband Iura mentioned that many times she simply fell asleep between contractions, even for a minute, and this gave her enough energy to deal with the next one. Relaxation is imperative in birth. It helps avoid tension, which otherwise creates pain, which causes more tension, which brings on even more pain and so on.

A close connection with the child cultivated through the pregnancy is very significant in labour. During childbirth preparation classes, as well as in the literature popular in the homebirth community, it is emphasized that labour is work; it is hard work, but it can be done. For the birthing woman it is very important to remember that the child is working hard too, that his/her part is not easier than the mother's. A woman who gives birth at home thinks about her child who is doing immense work and needs encouragement and support.

It's very important to feel your child. It's better to place his interest first. In the long run, [homebirth] is there for a child. [Olia]

I knew that he was working hard. It would be unfair on mom's side to think how painful it is for her. Frankly speaking, it was not very painful... or maybe it was, but I don't remember it. [Katia]

In the past, it was believed that the fewer people knew about the labour, the easier it went. I was interested to see whether this belief is still valid today. Most of my interviewees did not receive support in their decision to have homebirth from their extended families and friends. Therefore, they tried to conceal it. Natasha explained: "I always thought that they would be sitting there and worrying about us, that they would be waiting for us to deliver, and if it took longer than they expected, they would be nervous and it would be bad for me." Unlike Natasha, Katia's friends were very supportive of her decision to have birth at home.

I told my parents to pray and everything would be fine. And two meditation schools were providing me with their support. They knew that I was having contractions, and I asked them to build up the birth process for me. I also asked for help ... from angels, master teachers, and I think I got it. I mean I was feeling it.

Iana's birth story was very different from the others. With her love of Ukrainian folk traditions, she imagined her birth with various rituals threaded into it. During her contraction period the doors of cupboards and closets were opened, all belts untied, and the midwife unbraided Iana's hair to help her "open" faster. They blessed the water with the herbs picked on Pentecost, and then the midwife washed Iana with it. They performed another ritual, which they had not planned and realized it only long after that day.

It was a very interesting ritual. I was almost unconscious. The midwife and I stepped over the threshold three times. Where I gave birth later, that was this world, and where I tried to escape – that was the other world. This ritual a midwife used to do before birth in the old times.

Iana was also the only one of my interviewees who had special clothing for the birth. Following the midwife's recommendations, Iana sewed a long comfortable shirt, and embroidered a symbol of *rozhanitsia*⁴⁵ on it. That shirt was supposed to protect and help her during labour.

Frequently, at the end of the first stage of labour, women started looking for the best place to deliver. Some ended up in a strange place, like Iana, who felt the best leaning against the ladder next to the entrance door. The midwife never "corrects" the woman, because only her body knows what is best, and only she can feel it. When pushing replaces contractions, a woman feels a boost of energy. If before that she had to relax and let it go, now it is time for active work. At this stage, a midwife's help and confidence are frequently needed. "When I started pushing, I got scared, I didn't know what to do next... my state changed... the

⁴⁵ Rozhanytsi are the goddesses of human fate. They appear when children are born [Mytropolyt Ilarion 114].

The Rozhanitsy were connected to birth and kinship. They protected the family and the home and were also seen as the goddesses of fate [Kononenko 8].

midwife said I had to breathe differently” [Katia]. “The midwife said a child has to be born facing east, so when I was pushing she turned me in the right direction” [Iana]. The moment of birth of the child is usually experienced very intensely, it brings immense joy and helps forget pain. “When I touched my baby’s head it was a great feeling” [Katia]. “You can never forget how you are looking at your child for the first time, and she is smiling at you” [Marina]. People who choose to have birth at home think that stretching the baby to measure its height, weighing it immediately after the labour is unnecessary, painful for the newborn, even harmful.⁴⁶ The most important thing for it at that moment is to be with its mother, as close as possible, skin to skin. This first time, which can last from a few minutes to an hour, is called bonding. This is believed to have a huge impact on the future life of the child, because the way it is welcomed to this world shapes its attitude to life. This type of bonding, in a sense, replaces old time incorporation rites. It influences the future relationships of a newborn with its mother, father, and other members of the family. It is not uncommon to place a child on the father’s chest, also skin to skin, while the woman is washed by the midwife and moves to the bed to rest.

In hospitals, it is believed that newborns cannot see clearly for a few days after they are born. Homebirth community members often believe that hospital children get eye drops and this causes opacity,⁴⁷ but in fact, children are able to see from the very beginning. Many of them mention that the look of the home

⁴⁶ Belousova suggests that this unwillingness to measure the newborn might be connected with the folk belief that the child can die as a result of measuring it [Belousova 2002: 231].

⁴⁷ Sulfacetamide eye drops were used previously to prevent gonoblennorrhoea. Now only erythromycin or tetracycline ointment is used in the birthing room.
<http://medstandart.net/browse/1875>

born children is very mature. “After he was born, he looked at everyone present very attentively. Later, we talked about it with obstetricians. They said it’s not possible. A newborn can’t see for the first days. But he was looking into every person’s eyes for sure. His eyes were black. He looked like an alien. His gaze was very mature” [Sasha, Galina’s husband].

In homebirth, it is normal to wait for the delivery of the placenta for a much longer time than in the hospital. Although obstetrical textbooks state that it can take as long as 45 minutes, in reality nobody in the hospital waits more than 10-15 minutes. After the placenta is delivered, the midwife washes it and checks for missing fragments. In homebirth, it is believed that a newborn has a physiological connection with the placenta: until the cord stops pulsing the baby is still receiving oxygen from it. This is a very important argument of proponents of homebirth: it is more gentle to cut the cord later, as it allows a smooth transition as the newborn adapts to use its lungs to breathe. That is why children born at home usually do not cry at birth. In contrast to traditional and medical beliefs, a newborn crying right after birth is not considered a sign of a healthy child, but the result of a rude intervention with the birth process. “He didn’t cry after he was born. We poured some water on him and he just grunted” [Katia]. The father cuts the umbilical cord only after the pulsing has stopped. Some people believe that this connection between the child and the placenta lasts much longer, and they cut the cord only the next day. Some midwives say they can feel the flow of energy in the cord long after the blood stops pulsing.

Unlike the rest of my interviewees, Iana thought that the actual way of cutting the cord was important: her husband cut it on a book about future Ukraine. “I wanted my child to be self-sufficient and proud of who she is.” For the other couples it was very important that the father of the child did it. Though this was a lay midwife’s responsibility in the past, in contemporary homebirth practices, this is one of the new ritual functions that a father performs. “They say that a father has to cut the cord. I don’t know where this tradition comes from. We even heard that this midwife is not happy in her personal life exactly because she cuts the cord so often. It’s not a woman’s thing” [Halia]. Similarly, in the hospitals that allow father’s presence at labour, he may be offered to cut the cord [Yulia].

The placenta is often wrapped in the father’s old shirt, and then buried under a fruit tree. Iana and Marina sewed special bags for it from hemp, and Iana also embroidered a family tree on it. Some of my interviewees still keep their child’s placenta in the freezer. They are planning to buy a piece of land and build a “kin estate” on it. For them, it is very important to have the placenta buried on this land, because they believe that this connection lasts for years. “They say that the place where the placenta is buried is where a child feels the most secure. This also includes the distance from the burial place that he or she can traverse in one day” [Halia].

Parents usually name the newborn, not eagerly sharing this right with grandparents, even if those offer their opinion. According to my interviewees, every child has one name that fits him or her best. On the other hand, every name affects the child and he or she adjusts to it with the time. “When a child is born,

you need to watch if the name sticks to it or not. If you choose a name that doesn't match, there will be dissonance" [Natasha]. Dima believes that a child chooses a name. "I mean his name somehow came to Olia and me simultaneously." Iana and Iura were thinking of the name Tsvitana for their daughter during pregnancy. They made a final decision when, one day, the midwife came to visit them, and not knowing about their preferences, started talking to the baby, or rather the belly at the time, addressing her as Tsvitana. Halia called her sons Levko and Savaryn, which are not common names in Ukraine or in her family. Natasha suggested that parents should think of people they really like, and choose one of their names for the child.

Although the men's role in homebirth is not as visible as women's, it is extremely important and truly appreciated. Some midwives encourage men to breathe, groan, relax and push together with their wives during the contraction period [Belousova 2002: 68]. According to my interviewees, men were deeply satisfied with the fact that they could actively participate, that they were helpful and even irreplaceable considering the privacy of this event. Both the man and the woman often regard their child and homebirth as their joint achievement. They say the homebirth experiences bring couples even closer. They state that it helps evoke fatherly feelings immediately, while men who do not participate actively in the birth of their children cannot identify with them for a while, sometimes even years. They are extremely proud to give birth to their child together, to support their women during one of the milestone events of their lives. Initially, Katia's husband had some doubts about homebirth. Now he keeps

saying, “we gave birth to him.” His positive experience becomes very clear when compared to other men’s hospital birth experience.

Once Vasia started talking about childbirth with a waiter in a café. The man was also recently present at the birth of his child, but in the hospital. He said it was so horrible, he didn’t know why he agreed to be there. He was still terrified. And my Vasia said, “Oh, is that true? I am absolutely thrilled about childbirth.”

However, being proud of what they have done, the men emphasized that it was done first and foremost for the sake of their children. As Iura mentioned, “We wanted to provide our child with the best, the safest, the most gentle entrance to this world.”

The homebirth community in Ukraine is not very big. Frequently, people get to know each other during childbirth preparation classes, swimming pool sessions for pregnant women, through the midwife, or in a Waldorf⁴⁸ kindergarten. This is easy to understand, because they share many common values. One of the problems that many, if not all homebirth parents face is the difficulty of registering a child born at home. There is an official policy for registering children born out of hospital. In reality, parents meet a lot of criticism, misunderstanding, and even aggression from medical professionals with whom they inevitably communicate in order to register their child.

After I decided to have a homebirth, I had many problems. Doctors insulted us, said we were fools, and that my husband was a fool in the first place to buy into that. [Oksana]

According to the policy mentioned above, parents of the child born out of hospital have to get a letter from the maternity unit where they were initially

⁴⁸ Waldorf education is a holistic education system based on the philosophy of Rudolf Steiner. The first Waldorf School was opened in 1919 in Germany. See www.waldorf.ca

registered during pregnancy. Then, they need to contact a pediatrician who issues another letter, and parents bring the two documents to the registry. Homebirth parents try not to come to the hospital earlier than day 5 after the birth. This is the typical period during which the maternity unit is responsible for the woman and her baby, and thus doctors try convincing the woman to go to the hospital. Galina shared this story when the pediatrician came to their place for the first time:

She burst into our apartment yelling: “We know everything! You delivered here!” As if we are criminals. And it used to be like that: in old times, they would take the woman to the hospital, and the man to the jail for hooliganism. She examined our son, wrote in the card that everything was bad, that if we didn’t go to the hospital immediately, next day he might not be [alive]. I was looking at her, and of course I was scared, but I realized that she was lying.

Medicine is a big business, it needs patients [as customers]. [Halia]

Most of the women who have their children at home breastfeed them for about two years. They either have, or plan to have, more children. The value of their family life gains new meaning after homebirth. For Halia and her family, pregnancy and homebirth were transformative, bringing spiritual growth. Before getting pregnant their life goals consisted of a career, money, and social status. After that, they quit their prestigious jobs, had children at home, moved to the countryside, started growing their own food. Not all the families reported similar vast changes, yet for all of them homebirth remains a key event in their lives.

As seen from the above discussion and examples, like women in other cultures [Boucher 121], Ukrainians who choose homebirth do so for the sake of safety of both the child and the woman, to avoid interventions routinely performed in the hospital environment, to ensure privacy that can only be provided in a familiar setting, to have close people around, and to realize their

spiritual needs. Many of them see childbirth as a powerful, transforming experience not to be missed.

For all the reasons mentioned above, we can identify what women expect to find in homebirth as opposed to hospital delivery, and what they appreciate about it. My endeavour to understand *why* women give birth at home in Ukraine today is discussed in the conclusions.

CONCLUSIONS

Birthing the “Right” Way

– In short the details of any rite of passage, including those of birth, reflect the special preoccupations and emphases of the culture concerned.

Carleton Stevens Coon, *The Hunting People*

– The universal fact of birth, the physiological process of parturition through which all mammalian species perpetuate themselves, constitutes an object for systematic consensual shaping and cultural patterning in human societies.

Brigitte Jordan, *Birth in Four Cultures*

Comparing the birth customs of Ukrainians at the end of the 19th – the beginning of the 20th century with those of the Ukrainian homebirth community today may seem a little arbitrary. In fact, the homebirth we reviewed in the first chapter described peasant women in an environment where homebirth was the norm. Transformation of the birth ritual throughout the 20th century was forced by the reigning Soviet ideology, and at the same time, it was the result of global industrialization and significant technological advances. In spite of the aggressive and long term endeavours of the Soviet authorities to transform tradition, the traditional birth ritual today seems to be actively revitalized. That this revival is taking place mostly in the urban setting, among a relatively small number of educated individuals, makes it no less interesting.

To outline the continuity and change in the Ukrainian childbirth ritual in the variety of its manifestations, the subsequent table compares the Ukrainian traditional and contemporary homebirth. Some elements of the ritual have changed dramatically, others transformed, and many still remain the same. Birth was, and is, an important event that influences the future of the woman and her

baby. The attitude of women today towards birth seems to have changed considerably due to technological development in general, and the medicalization of birth in particular. However, if we compare Ukrainian peasant women's beliefs related to birth a hundred years back, and the beliefs of contemporary women who have chosen home birth, we see that the change is not so dramatic. The former considered birth to be a normal part of their lives, an event which happens to almost every woman. The successful outcome of it depended to a great extent on a woman's behaviour during pregnancy, a midwife's skills, and probably, on God, as the most important factor. If we look attentively at the contemporary homebirth stories described in the previous chapter, we can conclude that the same factors made these births successful. The women gained confidence physically and psychologically getting ready for the homebirth. They thought to greatly benefit from the midwife's assistance and competence, especially with their first pregnancy and birth. They believed that certain supernatural forces, be they God, nature, or specific energies, significantly influenced the process of birth and its outcome.

I am doing everything with God. I trust Him completely, because without him I don't think I could choose homebirth. I would have doubts that I could do that. But I was absolutely confident that everything would be fine. [Oksana]

Table 1.

	PAST	PRESENT
	Village Peasants	City/ eco-village City dwellers: educated (degree level)
Pregnancy	Learning about birth through oral transmission from own mother and	Self-education Prenatal classes

	other women	Friends and online communication
	Protection rites	-
	Taboos	-
	⁴⁹	“Positive” rites: belly dancing, belly painting, swimming
	Almost no communication with a midwife before birth	Frequent communication with a midwife before birth
	-	Buying or sewing clothes for a baby
	Identifying the sex of a child through signs (shape of the belly, the way a pregnant woman looks, her food cravings, etc.)	Ultrasonography or identifying the sex of a child through signs (dreams, accidental meetings)
	Husband helps with work more than usual	Husband is actively involved
Birth	Birth at home	Birth at home
	Midwife	Midwife
	No medical examination	Some medical examination
	Half dressed woman in birth	Half dressed/naked woman in birth
	Untied things	Untied things/no clothes
	Walking	Walking
	Blessed water	Water in the bathtub/pool ⁵⁰
	Prayers and incantations (by the midwife)	Asking for help from above (by the woman in birth)
	Husband helps if there are complications	Husband is present and helps at all stages of birth
	Possibly other female helpers present	Possibly other helpers/older children present
After birth	Midwife cuts the umbilicus	Husband cuts the umbilicus
	Old cloth for the baby	Father’s old shirt for the baby
	Placenta is connected to the child	Placenta is connected to the child
	Placenta is wrapped in a cloth	Placenta is wrapped either in the father’s old shirt, which was the first for the child, or a special bag is sewn
	Placenta is buried	Placenta is buried
	Breastfeeding	Breastfeeding
	Metal things, garlic, blessed water, red thread, etc. for protection	Rarely used. Sometimes: red thread around the child’s wrist, a pin in the

⁴⁹ In ethnographic works of the end of the 19th – the beginning of the 20th centuries, positive rites are almost not present. There is a record that a pregnant woman has to look only at beautiful things and her baby will be beautiful. However, this belief might have developed much later, under the influence of medicine and psychology [Lohvyn 40].

⁵⁰ It may seem that the comparison of holy water, which is believed to have a healing power, and water in the bathtub is too stretched. However, for some women who give birth at home water brings not only a physical relief during contractions. Water is believed to be the best, non-traumatic environment for a human being to be born. More than that, people who support this idea often believe that children born into water are different from others: they develop quickly, they are more creative, intuitive, etc.

Midwife becomes almost a family member	clothing, a special swaddling cloth Midwife becomes a close friend for the family
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The list offered in the chart is not exhaustive and certainly can be expanded. I identify five different groups of childbirth practices:

1) Those that continue to be practised. We can see that the place for childbirth was the same both in the past and today. The participants involved in this event also remain generally the same: a midwife, a woman, and her husband. Women moved freely during labour and rarely gave birth lying on a bed. The afterbirth was closely connected to a newborn child and had to be disposed properly.

2) Those that changed. The majority of Ukrainians were peasants in the past, while today homebirth attracts the attention of educated women who live in cities. Women would learn about childbirth through oral transmission or by helping a neighbour's birth. Today, the system of preparation for childbirth in big Ukrainian cities is well developed and complex. At the same time, women of the older generation do not have positive birth stories worth sharing, and only the positive experience is considered valuable. A midwife would cut the cord in the past, but today it is the responsibility of a husband.

3) Those that transformed. Water was and is used as a special medium that could affect the course of the labour. In the past, it was water that was blessed in church, while today it is water in a bathtub, most often with sea salt added. Although the woman was sprinkled with holy water in the past in contrast to being immersed in a bathtub today, the water is believed to have supernatural

influence in both cases. Today, it is not so much about the physical characteristics of water, and pain relief that it brings to the woman, as about a special environment for a human being to be born.

4) Those that disappeared. The contemporary women did not believe they should avoid many things during pregnancy. Numerous protection rites and taboos that were observed in the past made no sense to them.

5) New forms, such as: painting smiley faces on a belly, sewing a special bag for the placenta, assigning new roles for the father.

A closer look at the similarities between childbirth a century ago and today helps us recognize more specific and very important differences in what seems to be similar at least in form. In both time periods, this life cycle event takes place in the woman's home, in contrast with the hospital setting of childbirth during Soviet times. While home is a normal, familiar place for the woman where she can feel most relaxed and comfortable, the hospital is a specially designated place, accessed almost exclusively by initiated individuals. However, in Ukraine today, giving birth at home is marginal and rather abnormal. It is the conscious choice of setting for birth for a woman. This fact provides the familiar and normal place with specific connotation. Home becomes the exceptional place for a baby to be born. Home provides the best possible setting for a child to enter this world. Moreover, in the settlements of *Anastasiievtsy* or eco-villages, home marks a "space of love" created by the parents specifically for their future child, cherished by them during pregnancy, and thus ready to welcome the new "inhabitant." In a sense, it is a sacred space, ideal for birth.

Another significant change in the seemingly similar elements of childbirth concerns its participants. Both today and in the past, the most constant participants are: a midwife, a birthing woman, and her husband. In the past, the leading role belonged to the midwife. She performed the ritual. She provided connection between this and the other worlds. She knew how to deal with supernatural forces to provide a good outcome of the birth. She knew what needed to be done with the woman and her newborn, to return them into this world, and incorporate them into the community in their new status. A woman's role, both in a Ukrainian village in the past and later in hospitals, was to follow the instructions of the midwife or the doctor. She was obviously an object in the childbirth process, together with her infant. Today in homebirth practice, however, she is given much more voice and power to feel and decide what is best for her personally and for her baby. Today, a midwife is a helper. Although she has knowledge, skills and experience, she is present to support, to suggest, but not to manage the birth. Only a woman can decide what, when and how to do during labour. The degree of authority of any particular woman depends on how far she wants to expand her decision-making. If she feels more secure relying on the midwife's choices, this too, is an option. A woman is believed to obtain the sacred knowledge, to establish connection with the power above, to feel the deepest needs of her body and soul, as well as her infant's. At the same time, the energy of everyone present, their beliefs, feelings and fears are believed to influence the birth process to a great extent. "Clearly, whom a system entitles to be present at birth is a feature that powerfully influences the experience as well as

the outcome of the birth process” [Jordan 47]. In homebirth, every participant is important, and no one is present by accident, but a woman is the centre of this event, and her feelings are respected and honoured.

Lay midwives in Ukraine do not strive to make the labour as short as possible, unlike professionally trained midwives in the west. More important is to let labour be *natural*, to avoid any intervention, to help a woman feel the “birth flow” and follow it. As opposed to distracting a woman’s mind from pain, from what her body is experiencing at the moment, she is encouraged to dive into the feelings, live through the birth, and be transformed by it. The birthing process is a valuable experience in itself, and it is also highly individual. The birthing woman is the apparent leader in this situation, the midwife is the wise helper, and the husband is the one who provides physical help, and protection of the birthplace from the outer world. For a woman, performing the leading role implies taking on the responsibility and, therefore, the credit for the outcome of labour. At home, birth is first and foremost her achievement. That is why many women call it an empowering experience.

The participation of the man in childbirth increased remarkably just in the last decades. He does not simply help when the labour is difficult. He is deeply involved in childbearing during the entire pregnancy, helping his wife with work, providing favourable conditions for a healthy pregnancy, and a positive psychological atmosphere, communicating with the child. Midwives who attend homebirths often use the metaphor of an “energy womb.” They say that as a woman has a physical womb, where her child safely develops during the 9 months

of pregnancy, similarly, her husband should create an “energy womb” for his wife and their child. A man’s role during birth is also critical. While a woman is focused on her inner world, on her feelings to set up the best possible connection with the child, a man is acting in the outer world, protecting, providing necessary things and, if needed, communicating with strangers. He is busy preparing water in the bathtub, boiling herbs prescribed by the midwife, massaging his wife during contractions or holding her when she is pushing. A man cuts the umbilical cord, and together with his wife, buries the placenta. As we see, many actions performed in the past by a midwife are now assigned to the man, as the person who is closest to the woman and the child.

Another important participant of labour who comes to a play later is the child. In traditional Ukrainian culture, a newborn was not viewed as a true human being [Baiburin 1993: 41]. Equally, during Soviet times, an infant was a speechless, senseless, “human becoming.”⁵¹ It needed to be shaped, modelled, and altered in certain ways to make it human. Today, in the homebirth community, a child is seen as a personality; its mother and father are those who simply provide the means for the individual to come to this world. A newborn child is respected as a mature personality. It has its own desires and will, which should be appreciated.

This attitude, highly eclectic, is an outcome of the worldview of the homebirth community, and differs from the Ukrainian mainstream. In Ukraine, as

⁵¹ This term was used during the *Charting the Future of Folkloristic Research on Medicine and Health* panel at the American Folklore Society 2011 Annual meeting. It was used in regards to objects becoming human, e.g. teddy bears, security blankets. I think this term describes well the perception of a newborn for the purpose of this work.

elsewhere, people who choose to give birth at home constitute a cultural group with distinct beliefs, values, customs and traditions. Their nonconformist attitude challenges the mainstream medical model, and as a result, biomedicine, being unable to tolerate homebirth, tries to either ignore or denounce it, because of its cultural otherness.

Another issue to be closely considered is the motivation of the people who give birth at home. The responses of my interviewees to the question “Why do people choose homebirth?” were numerous. Based on their responses, as well as my personal observations and analysis, I identify the following motivations: spiritual (Neo-Pagan, New Age); environmental; health; gender; anti-establishment; and heritage (Ukrainian folk, pre-Christian, pan-Slavic). Of course, the motivations frequently overlap, and most women are influenced by several of these. Although these women have their own ways of explaining, knowing, and experiencing the world, which vary from one to the other, homebirth unites them; it serves as a vehicle to express their alternative identity.

The belief that the way a person is born has an impact on his or her life is common in the homebirth community. On one hand, it is explained by the possibility to make childbirth as gentle, non-traumatic as possible. A healthy child is the primary goal of every birth. It is easier to achieve in a familiar setting, with a family or close friends present. Being born into the loving hands of its father, breastfed by its mother from the first moments of its life, surrounded by its parents’ love, a baby can grow healthy and realize its full innate individual potential. This physical non-intervention provides spiritual experience not only

for a baby being born and its mother, but also for everyone present. Regardless of their religious affiliation, many women believe that during pregnancy, and especially during birth, they come closer to the other world, they interact with it, with its energies (such as the birth flow) and its inhabitants (a child, angels, energetic entities, etc.).

When I was sewing clothes for my daughter I was overwhelmed with understanding that [birth] will be a point where death and birth come together. I die as a pregnant woman and I am born as a mother. My baby dies as a fetus and is born as a child. It is such a mystical process. [Iana]

Because of its close contact with life and death, this joint spiritual experience is very important and typically transforms a woman and her husband, and deepens their family relationships. Women learn to trust their inner feelings, rely on them, and feel themselves guided by God or other supernatural forces in their lives.

Taking an active, leading role in the birth process, a woman goes through a real transformation, and becomes a Mother: caring, responsible, wise and sensitive. All these qualities, which are seen as valuable for the life of any woman, are enhanced and developed to a fuller extent during labour. At the same time, the inclusion of the man into the rituals surrounding childbirth signifies a redefinition of gender and family roles, especially for men. Unlike feminist ideas, these changes are not aimed at making men and women equal, allowing women to be more active outside of family life, and encouraging her to perform any social role she wants, just as men do. On the contrary, these changes appeal for recognition of their innate gender differences, and thus encourage performing gender specific roles in the family. This discourse is largely supported by the

governmental policies in the area of demographics and family life, one of the goals of which is to “revive Ukrainian spirituality” and to “support and protect traditional family values” [Plakhotnik 11]. However, if traditionally a man had few responsibilities at home, mostly dealing with the social world, in the homebirth community today he is encouraged to devote as much time to his family as possible, including participation in all aspects of child care. Family and children are included in a man’s responsibilities along with his social roles. For people who have children, family is one of the most important personal values, which allows them to grow spiritually. Nevertheless, a family is important not only because it is instrumental in providing a way for survival, or it exists for the sake of [Soviet] society. A newborn child is viewed first and foremost not as a new member of society, nor as a worker or any other kind of contributor. A family is the way for any individual, be it a woman/mother, a man/father, or a child, to grow spiritually, and childbirth is one of the sacred milestones on this journey for all of them. As Marina stated, people who choose homebirth are “spiritually oriented. For them, the family, its aura, its atmosphere is extremely important. They realize that this ritual [childbirth] is sacred... this is the event where there’s no place for strangers, for people with a rigid, soulless worldview...”

In Ukraine, the ecological mindset is very prevalent in the homebirth community. The concept of “natural” in birth is extended to other aspects of life and includes food, clothing, housing, travel, and health care. Instead of controlling nature, these people promote respect for and harmonious co-existence

with it. Man is part of nature, though the most important one. This superiority, however, implies responsibility towards others, not consumption to please oneself. Many of these people are concerned with pollution, genetically modified food, chemicals in personal care products, and so on. They often grow their own food as much as possible, build sustainable houses from natural materials, wear clothing made from natural fabric, and try to stay healthy by natural living avoiding conventional medicine. Interestingly, in some cases this devotion to everything natural starts with homebirth and then proliferates to other spheres of life. In others it begins, for instance, with interest in green architecture or yoga, and then brings people to homebirth.

Those who choose homebirth in Ukraine typically do not contrast nature and culture, but believe they co-exist and cannot compete. What they contrast are nature and technocracy, and believe that people cannot improve or fix nature, but explore it, learn from it and use it respectfully. Interestingly, the ecological viewpoints on birth are frequently described as being derived from tradition. Turning to different pasts, from “our grandmothers” to pre-Christian, from Ukrainian folk to pan-Slavic pagan, homebirth is seen as valid and authentic since it has been supported by centuries of ancestral practice.

Importantly, many people who give birth at home in Ukraine realize that homebirth is not for everyone. They explain that in addition to fundamental physical and psychological preparation, one needs to have a specific mindset, has to strive towards spiritual growth. Almost all of my respondents said that they felt different from the mainstream for a long time, and learned to live with it. Other

people who initially saw my interviewees as marginal, as dangerous, able to undermine the normal course of their lives, with time became more tolerant, though rarely truly empathetic to their “strange” choices. On the other hand, the homebirth community believes that people who choose homebirth are inconvenient for the power structures. They mistrust the medical care system, also question many other aspects of life like, for example, education. This non-conformist attitude brings them in conflict, but most often they avoid interaction with the official system, creating their own alternative ways of living.

Although customs surrounding childbirth today are similar in form to Ukrainian traditional practices, many of my interviewees showed little or no interest in the latter. Yet others, like Iana or Tania, turn to traditional childbirth: either to fill the gap of information about the ritual, or to re-connect with the past, with the pre-industrialized world, with the true or imagined authenticity and spirituality of their ancestors. Iana researches ethnographic resources regularly. She performed many rituals according to Ukrainian tradition. She also created new ones shaping them to express certain meanings. Her personal experience and observations indicated the effectiveness of the rituals. Living in the 21st century, Iana understands that opening cupboards does not directly facilitate cervical dilation. However, she suggests that symbols come from a person’s sub-consciousness and, in turn, influence it. In addition, she shared her expertise in embroidery and Ukrainian traditions with several people who had problems getting pregnant or wanted to develop certain skills. She helped them choose a particular pattern for a shirt or ritual towel to help solve the problem through

symbols. The feedback she received was very positive and inspired her to research more in this direction. For Iana, it is extremely important to connect rituals to her motherland, her ancestors, the Ukrainian ethnos. By contrast, Tania's interest in folklore and the past has a very distinct pan-Slavic character. Similar to Iana, she tries to revive pre-Christian traditions as authentic. However, when Tania talks about "our" ancestors and "our" roots she uses examples explicitly from Russian folklore.⁵² In both cases, constructing new rituals and interpreting symbols helped the women express their identity, combining tradition with modern science, nature with culture, religion with spirituality.

In Ukrainian traditional culture, childbirth was a significant event in the life of a woman and her family. Today, in the Ukrainian homebirth community, childbirth is more than important. It is an event that deeply transforms a woman, her husband and their family. It impacts all other aspects of their lives. It is an integral part of their identity. Unfortunately, Ukrainian society today is not concerned with issues of cultural sensitivity. People who choose homebirth frequently encounter misunderstanding, disapproval, or even condemnation regarding their choice from medical professionals as well as from average people. Their ideas about nature, family values and what constitutes health have strengthened arguments for homebirth and against the conventional approach to almost every facet of life. The study of these people gives us better understanding

⁵² Tania speaks Russian. She likes organizing *vecherki* (Russian - вечёрки) in the village where people dance circular dances, sing Russian folk songs, play games. Visiting women from outside the village community are encouraged to wear long skirts or dresses to such events. Tania and other women from the vilage usually wear long tunics (сарафаны), which are the part of Russian women's folk costume. However, Russian origin of folklore that Tania uses is rarely, if ever, emphasized. It substitutes and represnts Pan-Slavic character of the lore and customs that are revived.

of the cultural group, as well as contemporary Ukrainian society in general. Even a brief comparison of homebirth communities in other countries, mostly in the West, shows multiple similarities, especially in regards to the universal⁵³ values these people share. Yet certain Ukrainian cultural elements give homebirth in Ukraine specific features, which stand out as characteristic to the particular culture under study.

⁵³ Universal in Baudrillard's meaning. Baudrillard states that "universality pertains to values, human rights, freedoms, culture, democracy."

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Родинний форум Малеча – форум для сучасних батьків [Family Forum
Malecha – A Forum for Today's Parents] www.malecha.org.ua/forum

UAUA.INFO www.uaua.info/mamaforum⁵⁴

Ukrainian Folklore Sound Recordings
<http://projects.tapor.ualberta.ca/UkraineAudio/>

⁵⁴ UAUA.INFO was a “family, motherhood, and childhood internet encyclopedia”. It was the only website where I found several (16) stories about homebirth while writing an essay for the Ukrainian Folk Prose class in the Winter term of 2010. Unfortunately, the website was redesigned and today no home birth stories can be found there.

APPENDICES

Table 2.

Ethnographic Research on Ukrainian Childbirth Customs and Traditions⁵⁵

Researcher's name	Geographic area of study	Time period researched	Research focus
Boriak, Olena	The territory of present day Ukraine (the majority of material collected in: Zhytomyr, Rivne, Cherkasy regions)	The end of the 19 th – the 20 th centuries	Folk midwifery: pregnancy, turning the fetus <i>in utero</i> , birth, cutting the cord, placenta, first bathe, swaddling, “water” baptism, naming, feast, baptism, babyna kasha.
Borysenko, Valentyna	The territory of present day Ukraine	The end of the 19 th – the 20 th centuries	Beliefs about pregnancy. Midwife. Cutting the cord. Early afterbirth period beliefs. First bathe. Feast after the birth. Baptism. Babyna kasha. Purification. Evil eye. Lullabies. First cutting of the child’s hair.
Chubyns'kyi, Pavlo	Kyiv, Poltava, Cherkasy, Zhytomyr regions, Podillia, Volyn’, Bessarabia, Kholmshchyna (Pivdenno-Rus’kyi and Zakhidno-Rus’kyi krai)	The end of the 19 th – the beginning of the 20 th centuries	Beliefs about pregnancy. Pregnancy. Midwife. Birth. Cutting the cord. Purification prayer. Baptism. Purification. Beliefs about children. Lullabies.
Franko, Ivan	Pre-Carpathian region	The end of the 19 th century	Beliefs about infertility, pregnancy, children.
Havryliuk [Gavriliuk], Natalia	Kyiv Polissia	The end of the 19 th – the 20 th centuries	Pregnancy taboos. Birth. Midwife. Purification rituals. Feast after the birth. Choosing godparents. Baptism. First cutting of a child’s hair.
Hilevych, Ihor	Radekhiv district of the Lviv region	The 19 th – the first half of the 20 th centuries	Lay midwives and trained midwives.
Hrushevs'kyi, Marko	South Kyiv region	The end of the 19 th century – early 1900s	Customs and beliefs about pregnancy, predicting sex, taboos. Midwife. Birth. Cutting the cord. Placenta. First bathe. Feast. Prayer. Godparents. Purification. Baptism. Breastfeeding. Children’s development.

⁵⁵ This table presents researchers who had published their fieldwork materials specifically on childbirth customs and rituals collected on the territory of present day Ukraine that I have managed to get access to. More names can be added such as Zelenin, Tal’ko-Hryntsevych, etc.

Hrytsak, Ievhen	Podillia and Halychyna regions	The end of the 19 th – the beginning of the 20 th centuries	Beliefs about pregnancy, birth, midwives, children until 1 year old. How children of different age are called. Baptism. Breastfeeding. Lullabies. Children's diseases and their treatment.
Huzii, Roman and Horoshko, Lesia	Sambir district of the Lviv region	The beginning of the 20 th – beginning of the 21 st centuries	Customs and beliefs about pregnancy, birth, afterbirth period. Midwife. Purification. Baptism.
Hvozdevych, Stefaniia	The territory of present day Ukraine. <i>Ukrainians in Moldova</i>	The end of the 19 th – the 20 th centuries	Beliefs about pregnancy. Birth. Midwife. Cutting the cord. First bathe. Purification. Afterbirth period. Baptism. Feast. Purification prayer. Evil eye.
Kaindl, Raimund	Bukovyna, Hutsul region	The end of the 19 th century	Beliefs related to pregnancy. Midwife. Birth. Afterbirth period. Purification. Baptism. Purification prayer. Children's diet and hygiene.
Kolodiuk, Iryna	Polissia	The end of the 19 th – the beginning of the 20 th centuries	Beliefs about conception. Midwife. Birth customs. Cutting the cord. Placenta. First bathe. Herbal medicine. Purification.
Malinka, Aleksandr	Poltava region, Nizhyn district of Chernihiv region	The end of the 19 th – the beginning of the 20 th centuries	Customs and beliefs related to pregnancy. Midwife. Birth. Cutting the cord. First bathe. Placenta. Choosing godparents. Baptism. Purification. Feast. First days after birth. Lullabies.
Mandebura-Noha, Olesia	Zhytomyr Polissia region	First half of the 20 th century	Pregnancy taboos. Midwife. Birth customs. Cutting the cord. First bathe. Feast after birth. Baptism. Choosing godparents. Babyna kasha. Purification prayer. First cutting of the child's hair.
Mytropolyt Ilarion	The territory of present day Ukraine	Pre-Christian – beginning of the 20 th century	Pre-Christian beliefs. Birth customs and beliefs. Feast after the birth. Baptism. Naming. Purification. First cutting of the child's hair.
Pakholok, Svitlana	Western Ukraine	The end of the 19 th – the 20 th centuries	Midwife. Birth customs. Feast after the birth. Choosing godparents. Baptism.
Shekery-Donykiv, Petro	Hutsul region (Kosiv district)	Recorded in 1916	Beliefs about in/fertility, abortion. Pregnancy. Midwives. Trained midwives. Birth. Cutting the cord. First bathe. Placenta. Baptism. Naming. Purification. Breastfeeding. Beliefs about small children. Purification prayer. Celebration. Birth of an unmarried woman.

Shukhevych, Volodymyr	Hutsul region	The end of the 19 th – the beginning of the 20 th centuries	Pregnancy taboos and beliefs. Birth. Midwife. Cutting the cord. First bathe. Naming. Baptism.
Sumtsov, M.F.	Slobozhanshchyna	The end of the 19 th – the beginning of the 20 th centuries	Beliefs related to birth. Midwife. Baptism. Purification. First cutting of the child's hair. Lullabies.
Verkhrats'kyi, S.A.	The territory of present day Ukraine	Second half of the 19 th – until early 1980s	History of medicine. Folk midwifery
Vovchok, Marko and Markovych, Opanas	Chernihiv, Poltava, Kyiv regions, Podillia	1850s	Customs and beliefs related to pregnancy. Midwife. Bathe. Godparents. Naming. Feast. Baptism. Purification.
Vovk, Khvedir	Kyiv, Poltava, Cherkasy, Zhytomyr regions, Podillia, Volyn', Bessarabia, Kholmshchyna	The end of the 19 th – the beginning of the 20 th centuries	Midwife. Birth customs. Cutting the cord. Placenta. Choosing godparents. Baptism. Feast. First cutting of the child's hair.

Table 3.

List of interviewees

with the number of home and/or hospital births they had

Interviewee name	Homebirth	Hospital birth
Galina + Sasha	1	
Galyna		1
Halia	2	
Katia	1	
Iana + Iura	1	1
Marina	1	
Nadia	1	1
Natalia		1
Natalka		1
Natasha	4	
Oksana	2	3
Oksana K.		1
Olia + Dima	1	
Tania	2	1
Tania F.		1
Yuliya		1
Total:	16	12