

# BIRTH CONTROL

After a spate of deaths, the freebirth movement is facing a backlash – but is it a witch-hunt or an intervention?

WORDS AMY MOLLOY

**W**hen Phoebe Snow went into labour with her third child in March last year, she didn't rush to alert a midwife or head to hospital – even when after four days of contractions her baby still hadn't made an entrance. Instead, the 37-year-old stayed at home with her husband and girlfriend. No midwife. No doctor. Nobody with formal medical training.

Four years earlier, the DJ from Adelaide had given birth to her second child at home, supported by a former midwife. That experience was “a dream”, she says – a stark contrast to the birth of her first child, delivered in hospital after a traumatic series of events that later resulted in post-traumatic stress disorder and left her with “trust issues” around the medical system. “Driving away from the hospital, both my husband and I knew we'd never birth in hospital again,” she says. During her third pregnancy, Snow learnt the private midwife she'd planned to hire had moved overseas. “It felt like a confirmation,” she says. “This time we would freebirth – outside the system.”

Snow had first heard the term freebirth on a parenting podcast. The term refers to the practice of giving birth without the presence of a registered healthcare professional, such as a midwife or doctor. While often conflated with homebirth, the two are distinct: a homebirth is planned and attended by a registered medical provider; a freebirth is not.

During her pregnancy, Snow fell deep into online freebirth communities, scrolling, reading and absorbing books, blogs and posts from women who described birth as instinctual, spiritual and sovereign. The

language is strikingly consistent: trust your body, reject fear, birth as a “rite of passage”. “It was exactly what I knew I wanted,” says Snow. “I trusted my body and wanted full responsibility to birth our baby on my terms – and no-one else's.”

For Snow and her husband, their goal was what freebirthers call an “undisturbed birth”: minimal intervention, minimal interference. They declined all ultrasounds during the pregnancy, though they did attend hospital-based prenatal appointments. Even after discovering their baby was breech – positioned feet- or bottom-first, rather than head-down – they decided to continue with their plan.

After her waters broke on a Sunday evening, Snow laboured at home for five days – a marathon. On Thursday night, as contractions intensified, they put their older children, aged six and four, to bed and moved into the lounge room. An inflatable birthing pool sat beneath fairy lights and candles. In place of a fetal doppler – a handheld device that monitors a baby's heart rate – her husband pressed his ear to her belly. When her girlfriend arrived, she squeezed Snow's hips through contractions.

At 2.06am, their son, Billy, was born. “My husband was a bit nervous because his breathing was a little unsteady,” Snow recalls. They phoned her father, who had been a paramedic for more than 30 years, to come to the house. He assured them their baby's breathing was fine. Today, Billy is a healthy, happy eight-month-old, and Snow has no regrets.

After sharing photos from the birth on Instagram, she became an unexpected advocate for freebirthing. The response from her friends was generally supportive. When people questioned the risk, she was prepared: “I just answered calmly that I was in full control.”

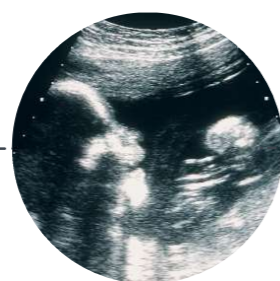
Her experience had a ripple effect. “I was recently a doula-from-afar for my girlfriend who freebirthed her first baby in country Victoria,” she says. “I supported her via FaceTime when she was in labour, and she had the empowering freebirth, supported by her husband and close friends.”

Snow says she's part of a growing community of Australian women choosing to birth without medical intervention, a movement gathering momentum and controversy in equal measure.

It's a trend that is increasingly alarming health professionals. Both the Royal Australian and New

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Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the Australian College of Midwives (ACM) have called for policy and regulatory reform following a series of freebirth deaths across the country.

In October 2025, Melbourne health influencer Stacey Hatfield died after complications during the birth of her first child. Hatfield, who described herself as a “low-tox nutritionist and food content creator”, died from a postpartum haemorrhage following a freebirth in September, according to an inquest.

In June, a baby’s death in south-east Queensland during a medically unsupervised birth at home was referred to the coroner. A month later, an inquest began into the death of a baby in Victoria, Baby R, who died during a 2022 freebirth. The baby’s mother was a former midwife and had refused care during her pregnancy.

Freebirthers argue that maternal and infant deaths also occur in hospitals. According to the Australian Institute of Health and Welfare, in 2023 the maternal mortality ratio (MMR) in Australia was 8.2 deaths per 100,000 women giving birth (or 27 women for that year). Nearly two-thirds of maternal deaths occurred after birth, while 18 per cent were during or within 24 hours of birth, and 24 per cent during pregnancy.

There is always risk, but medical professionals argue it is heightened under freebirthing conditions. In a statement on its website, RANZCOG warns: “The absence of appropriate clinical support during freebirth has led to preventable harm and loss of life.” Among its key concerns are the presence of untrained birth support workers, often referred to in freebirth circles as “birth keepers”, and a lack of transparency and accountability.

On October 8, the Victorian Health Complaints Commissioner began an investigation into Emily Lal, also known online as “The Authentic Birthkeeper”. Lal was present when Hatfield gave birth and, reportedly, when she died after being rushed to hospital. The decision to investigate was based on information “alleging that Ms Lal is facilitating and/or participating in homebirths which may put both mothers and babies at risk”. The commissioner later banned Lal from offering health advice, paid or otherwise, for a minimum of three months, and advised the public to avoid any general-health dealings with her. At the time of writing, Lal’s social media pages have been deactivated.

Lal cultivated a fanbase within the freebirthing community. In an interview with *The Matrescence Podcast* in 2021, she shared her journey from

endometriosis and infertility to natural conception and freebirth, after which she was inspired to become a birthkeeper. “I think there is a bit of a false sense of security when it comes to having a medical provider there,” she said. “As hard as it is to have these discussions, sometimes babies do die – and they die in the hospital as well.”

**T**he US-based Free Birth Society is one of the most powerful platforms in the freebirth movement. Run by former doula and mother-of-three Emilee Saldaya, its YouTube channel has nearly 70,000 followers, and videos with titles like “First-time mom’s primal freebirth” have collectively clocked more than 25 million views. The society’s four-month online course, The Radical Birth Keeper School, pitches itself as “a complete re-education designed for women to refuse to participate in the medical industrial model”. Medical experts have questioned the validity of the advice, but in an age when many turn to TikTok before textbooks, people continue to flock to its content.

Dr Vinay Rane is an obstetrician and gynaecologist who has worked in the medical field for 25 years and is the founder of Melbourne Mothers. He says the rise of freebirthing in Australia is the result of a “perfect storm” of misinformation and distrust of the medical system. “Social media has given a small number of loud voices an enormous reach, and pregnancy is a time when people are understandably searching for reassurance and certainty,” he says. “Add to that a lingering mistrust of institutions since Covid, and you end up with ideology being presented as wisdom, and confidence mistaken for expertise.”

Victorian midwife Amelia Lamont has experienced the intensity of the freebirthing movement first-hand. After posting an Instagram video that opened with the statement, “You will never convince me there is a good reason to free birth,” she was inundated with messages – some respectful, some less so. “Honestly, I wasn’t surprised by the intensity of the feedback from freebirth supporters,” she says. “While I wouldn’t label it as a cult, the strong reactions from this community do raise some questions.”

As a midwife, she has significant concerns about how freebirth influencers portray the experience online, often emphasising the “ease” of freebirthing. “The idea that you can simply birth in your garden can be misleading

and potentially dangerous,” she says. “My primary worry is for vulnerable people, especially those who have experienced birth trauma or are dissatisfied with their past birth experiences. They might be led to believe that freebirth is the ultimate solution for healing.”

For the first time in history, we have access to millions of birth stories at our fingertips, alongside a tidal wave of artificially generated content. Maria Padiseti is the founder of Sydney-based cyber security company Digital Armour and specialises in the safe adoption of AI. She says more women are turning to AI chatbots and YouTube for health information, including their birth plan, and this comes with risks. “If a chatbot is trained on large volumes of content that include extreme or conspiratorial views, this can include distrust of obstetric care, midwives or hospitals,” she says. “The danger is that misinformation is often phrased confidently, emotionally and persuasively, which can make it feel credible, particularly to someone already questioning the medical system.”

When an alternative group like the freebirthing movement is suddenly all over the ‘gram, she warns that it can be a sign of “algorithm or bot-driven amplification” – when a platform purposefully boosts the visibility of a certain topic. “Platforms reward content that provokes strong emotional reactions such as fear, anger, empowerment or moral outrage,” says Padiseti. “Freebirthing content often sits at the intersection of all four.”

Her advice? Be sceptical of content that presents complex medical decisions as having only one right answer, and be cautious of “recommended” content. “AI chatbots and algorithms are not inherently malicious, but they are amplifiers,” she says. “If a pregnant person watches content from a group like the Free Birth Society on YouTube, the platform’s algorithm may infer that she is interested in medical scepticism. From there, it can progressively recommend more extreme content. Outrage, fear and certainty drive engagement.”

Much like the Covid vaccine debate, freebirthing has become deeply polarising. While researching this

article, multiple freebirth supporters described the online discourse as a “witch-hunt”. They don’t want freebirthing women to be villainised for making poor choices, they want more attention on continuity of care, birth trauma within the hospital system, and the country-wide gaps in maternity services.

For low-risk pregnancies, homebirths are considered a safe option; however, there is a shortage of homebirth midwives, particularly in regional and rural Australia. There’s also the cost factor. According to Homebirth Australia, the cost of a homebirth supported by a private midwife ranges from \$5000 to \$8000, with Medicare covering a portion of antenatal and postnatal appointments. In many hospitals, even a water birth cannot be guaranteed due to a lack of birthing suites equipped with bathtubs. These gaps leave many women feeling unseen, unheard and unsupported, and can push them towards unconventional alternatives.

Clinical psychologist Frances Bilbao, founder of Mums Matter Psychology in Melbourne, says there is much to be learnt from the freebirthing debate: at its core, it reflects a universal desire to do the right thing for our baby. “What’s striking is that women across the spectrum feel judged,” she says. “Freebirthers feel hunted, hospital-birthing women feel inadequate, and many sit quietly in the middle, afraid of saying anything at all.”

For women who’ve experienced birth trauma in the past, Bilbao says the key is to balance autonomy and freedom with medical safeguards. “When trust has been broken, people often

swing towards the opposite extreme to regain a sense of control. Avoiding all medical care can feel protective and empowering, particularly when previous experiences involved feeling dismissed or powerless.

“A safer and more healing approach is trauma-informed care, where women are supported by clinicians who listen, explain, collaborate and respect autonomy while still offering medical oversight,” Bilbao continues. “Healing doesn’t require rejecting care entirely, it requires care that feels trustworthy.”

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