
More Than Clinical Waste? Placenta Rituals Among Australian Home-Birthing Women

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ABSTRACT

The discursive construction of the human placenta varies greatly between hospital and home-birthing contexts. The former, driven by medicolegal discourse, defines the placenta as clinical waste. Within this framework, the placenta is as much of an afterthought as it is considered the “afterbirth.” In home-birth practices, the placenta is constructed as a “special” and meaningful element of the childbirth experience. I demonstrate this using 51 in-depth interviews with women who were pregnant and planning home births in Australia or had recently had home births in Australia. Analysis of these interviews indicates that the discursive shift taking place in home-birth practices from the medicalized model translates into a richer understanding and appreciation of the placenta as a spiritual component of the childbirth experience. The practices discussed in this article include the burial of the placenta beneath a specifically chosen plant, consuming the placenta, and having a lotus birth, which refers to not cutting the umbilical cord after the birth of the child but allowing it to dry naturally and break of its own accord. By shifting focus away from the medicalized frames of reference in relation to the third stage of labor, the home-birthing women in this study have used the placenta in various rituals and ceremonies to spiritualize an aspect of birth that is usually overlooked.

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A first kiss with your favorite boyfriend. That mmm in your belly feeling. That’s how it was for me—like ping, big electric thing . . . (participant quote, Edwards, 2005, p. 243)

The placenta is the active interface of the most biologically intimate connection between two living organisms. The human placenta connects a mother and her baby physically, metabolically, and immunologically. (Power & Schulkin, 2012, p. 1)

The placenta has been of medical interest since the pre-Socratic Greek philosophers (De Witt, 1959). As the opening quotes of this article suggest, the “definition” of the placenta depends on the particular discourse being employed. Experientially, it is an electric, sensual thing, and medically, it is an endocrine organ that acts as the transfer agent of oxygen and nutrients between a mother and her fetus. Around the world, various traditions, customs, rituals and beliefs surround the placenta, which are said to function as anxiety-releasing mechanisms, “restoring

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the social and biological equilibrium disrupted by the birth process” (Davidson, 1985, p. 75). From being the sibling of the newborn (Long, 1963, p. 234), to part creator of the sun and the earth (Knapp van Bogaert & Ogunbanjo, 2008, p. 45), to “essential for travel by the soul of the deceased into the spirit world to rejoin ancestors,” as it is for the Hmong (Helsel & Mochel, 2002, p. 282), the placenta is a powerful element of childbirth throughout the world.

Social research on placentas is limited, and that which is available is midwifery practice-oriented (Bastien, 2004; Fahy et al., 2010; Fry, 2007) or historical (De Witt, 1959; Long, 1963). This may be because in most western countries, the placenta is considered clinical waste and therefore given little to no attention at all (Birdsong, 1998; Callaghan, 2007).

This construction of the placenta as clinical waste, however, is symptomatic of a broader understanding of childbirth within a biomedical discursive framework, similar to that found in the United Kingdom and the United States (Hillier, 2003). Medical language “dominates and constricts perception of the birth process . . . uterine contractility and cervical dilation are often discussed as if they occurred on a laboratory bench rather than in a woman’s body” (Kitzinger, 2005). Within this framework, pregnancy is defined as pathological—a clinical crisis worthy of active intervention (Cahill, 2001; Freund, McGuire, & Podhurst, 2003), resulting in the categorization of women in terms of risk (Possamai-Inesedy, 2006). It should come as no surprise then that the third stage of labor (the birth of the placenta) is actively managed, as recommended by the Australia Department of Health, unless the laboring woman gives informed refusal (Fahy et al., 2010). Active management refers to an injection of Syntocinon into the laboring woman’s thigh to speed the birth of the placenta.

One of the ways the placenta is understood within this medicalized context is as an extension of the “mess” or “dirt” (Callaghan, 2007) of childbirth, a mess that must be contained to maintain the sterile

environment of the hospital. Within the hospital system, the blood, amniotic fluid, and other bodily “waste” products of childbirth are not considered to have any value outside the body and indeed once they are outside the body, take on contamination status (Callaghan, 2007). Within a medical context the placenta is akin to dirt, defined by Douglas (1966/2002) as “matter out of place,” the idea of which “is compounded of two things, care for hygiene and respect for conventions” (Douglas, 1966/1995; p. 8). The conventions at play here include hospital protocol for the management of contaminated items and indeed the very definition of contaminated.

The Australian legislation on the placenta is ambiguous. The recent national guidelines set up by the National Health and Medical Research Council (1999) explicitly referred to human tissue from childbirth, and recommended incineration as primary means of disposal, but fell short of specifying the placenta in this category. These guidelines were rescinded in 2005 and were not replaced, leaving no national waste guidelines in place. Each hospital has its own set of guidelines and protocols for managing clinical waste, although the Australian standard on which most current hospital policy is based refers to the placenta as human waste, but when discussing how to implement the standard notes cultural, religious, and spiritual sensitivity should be recognized as part of the “patient needs” regarding disposal. As such, should a woman wish to take her placenta home, she may do so; however, it is double-wrapped in clinical waste bags and placed in a sealed container which is not to be opened on hospital premises. Callaghan (2007) notes that the symbolism of the clinical waste bag used for the placenta “. . . with its official label, the Health Department and the medical profession through the actions of the midwives, are demonstrating their power by shaping the communities world view of the placenta” (p. 15).

A major Australian hospital, The Royal Women’s Hospital in Victoria, has a fact sheet on their website (The Royal Women’s Hospital, 2013), designed specifically for women wanting to take their placenta home for burial, which is itself indicative of the increasing popularity of at-home placental practices. Should a woman who has birthed in a hospital setting want to take her placenta home, a placenta release form needs to be signed, which includes criteria for safe burial practices designed to minimize the spreading of bacteria. There is also an instruction on these forms to contact local councils upon returning

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home, so further advice can be given on local rules and regulations regarding the burial of clinical waste.

The discursive construction of the placenta as human or clinical waste in hospital environments contrasts starkly with the findings from my research with Australian home-birthing women. The placenta was overwhelmingly spoken of as having important meaning beyond its physiology, becoming a site for spiritual reflection. Medical discourse was rarely employed in these narratives. Instead, the placenta was understood in alternative ways which constructs it as a useful and ultimately integral part of the birthing experience.

METHODS

The interviews for this research took place between May and August of 2010, during which period, I conducted 54 interviews across the Australian states of Queensland, New South Wales, and Victoria. A National Ethics Application Form was submitted to the University of Western Sydney and approved by the appropriate review board. Participants were recruited through an invitation posted on various Australian-based childbirth forums, and snowball sampling occurred from there. Participants were women who were at the time of interview pregnant and planning a home birth or women who had had a home birth in the last 3 years. The category of home birth included women who were hiring or had hired an independent midwife, women using publically funded hospital home-birth programs, and women choosing to free birth or birth unassisted—that is, birth at home without a midwife present. For this research, 45 women had hired an independent midwife, 3 had free births, and 6 used hospital programs. Out of the 54 participants, 40 women had two or more children, and had birthed in hospitals previous to their home births, and of these, 6 had had previous cesarean surgeries.

RESULTS

The three placenta rituals presented in this article are placenta burial, placentophagy (eating or consuming the placenta), and lotus birth (leaving the umbilical cord attached until it dries and comes away from the baby naturally). Of the 54 participants, 15 were pregnant and planning a home birth at the time of our interview. When I asked them about their plans for their placentas, 11 planned to bury it, 2 planned a lotus birth, 1 planned to consume it, and 1 did not know what to do. Of the 39 participants who had already had a home birth, 30 buried it, 3 had a lotus

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birth (two of which were later dried and buried, and 1 was later consumed), 3 consumed it, 2 gave it to their midwives, and 1 could not remember.

A common theme of hospital narratives involving the placenta was a sense of loss some women felt when it came to the placenta, and their missed opportunity to respect or honor it in some way. Tania, who has two children, the first born via cesarean surgery and the second born at home, spoke about sharing her home-birthing baby's placenta with her older child:

I don't have [baby girl's] because she was a cesarean and they just threw it away so I am going to give half to [baby girl] and half to her.

That Tania could use the home-birthing placenta to reconcile the loss of her first one indicates the potential healing possibilities offered by acknowledging the placenta as more than clinical waste. Perhaps had Tania and women like her been given more of an opportunity to reflect on, or keep their placentas, at least one element to their hospital births could have been improved.

Other women, however, showed little or no interest in their placentas in hospital settings, emphasized by Adele, who at the time of our interview had a previous cesarean surgery and was pregnant and planning a home birth. She said,

[That] placenta's gone but you know what? I had no attachment with that placenta. When I was pregnant with him, I was extremely mainstream and I didn't, it was gone, I never saw it so it wasn't a big deal, you know? I didn't know what I was missing so it didn't matter to me.

Adele and Tania represent two ends of the spectrum of placental attitudes. However, what they highlight is that in *hindsight*, the placenta mattered. Adele told me of plans to bury her new baby's placenta under a fruit tree in her garden, to honor its importance.

In home-birthing settings, all decisions about the birth are made by the birthing woman and her support network. In the home, there is no preexisting "placenta protocol," so the woman needs to make a decision about what happens to the placenta. All of

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the pregnant women I interviewed spoke about their plans for the placenta, even if it was only to store it in a container in their freezer until they made up their minds about what to do. No participants said they intended to throw it in the bin, although some did say they gave it to their midwife who then used it as education material in childbirth education classes, recycled it into placenta pills for other women, or used it in their compost.

PLACENTA BURIAL

The burial of the placenta is by far the most common use of the organ. All participants who spoke about placenta burial chose a specific tree or shrub in their yard or bought a specific tree or shrub for it, usually fruit bearing. The actual burial was considered an occasion to ceremonialize the birth in some way, even if few people were present. Many women spoke of the burial as a completion of the birthing journey, as the final act of birth.

Amali lives in Queensland and has three children, the third being born at home. At the time of our interview, her son was about 9 months old, and his placenta was still in a container in the freezer. I asked her if she was keeping it for any particular reason, and she said,

I'm going to bury it or invite some women that I love and trust and do a ceremony to complete my birthing, like a ritual around ending my birthing journey and completing that so that I can move on and start the new phase of my life now that I'm not going to [be] birthing any more babies and feeding babies which is quite a hard thing to come to terms with if you love birth like I do . . . It's a ritual. And it's giving it back to the earth you know with my participation, so I feel that that's respectful to the process for my baby and for me is to say something and mark it somehow, and it's such a connected thing I guess with that nurturing and nourishing element of the placenta. It's a life giving thing, so giving it back to the earth feels symbolic in some way. Its sits better inside me.

Organic discourse featured strongly in burial narratives, with statements such as “giving back to the earth” common conceptualizations of placenta

burial. This idea draws on an ecological consciousness common in the home-birthing ethos, which includes natural birth, natural parenting, and an awareness of our environmental impact. The burial not only represented an end to the birthing cycle and the final separation between the child and her mother's body but also, for some, a separation between the woman and childbearing itself.

The theme of respecting and honoring the placenta emerged from many of the stories as well. Wendy had three children, the second and third born at home, and although her youngest child's placenta was still in the freezer, her second baby had his buried beneath a mandarin tree in the backyard. I asked if there was a reason she chose to bury it, and she said,

I think after giving birth there's—as wonderful as the new baby is and all these new beginnings—there's also an ending to the pregnancy, and it's such a special time, I think for a woman's life, but I wanted to do something for myself to mark the end of the pregnancy. I wanted to honor the pregnancy in itself. I remember reading somewhere that with the birth of the baby that's in your arms is a loss of the dreamt of baby in the womb because who this person might be and all the journey from conception to birth. I wanted to do something to honor that and that's what appealed to me about keeping the placenta was that it was the shared connection with my baby at that time and it's unique; it's the only time you share your physical body with someone in that sense. We like the idea of planting it too as a symbol of new life and nurturing you know to nurture the baby, and now it's nurturing our fruit trees. And we choose fruit trees because they bear fruit or that reason. . . .

Referring to burial as a sign of respect for the organ that nourished your baby was a repeated theme in many of the interviews and echoes research on ecologically conscious burial on the whole (Feagan, 2007). This also reflects research done on the importance of burial rituals in miscarriage experiences (Brin, 2004) and the legitimizing function of burial in the grieving process (Kuller & Katz, 1994). The personified placenta deserves respect, as Amali said,

I think it deserves more respect than that—you know, it's an incredible thing. It kept my baby alive and me. It allowed that relationship to occur between

me, my body, and my baby. I don't know. I just feel a sense of connection to it; like the thought of putting it in a plastic bag right now and throwing it into my wheelie bin is just, I don't really understand why. It's just a feeling like I just cannot bear that thought . . . I just can't, and I guess that's why so many women have them in their freezers because instinctively, it just feels dishonorable or it's not giving it or not respecting it. It was part of us, my body and my baby.

The tree or shrub chosen was commonly fruit bearing, specifically so the placenta could contribute to the nourishment of food that would in turn nourish the family. Native plants, such as Wollemi Pines, were also common. Helen, an independent midwife and mother of four home-birther children, spoke about choice of plant:

I liked the idea of giving life to something that then she could then still see, so it's a Mulberry bush that we planted on it, so that placenta that had given her life could then be feed to give life to something else that still bears fruit and continue to nourish her.

Burial of the placenta is commonplace among cultures throughout the world. From Maori customs (Cairns, 2005; Panelli & Tipa, 2007), Samoan rites (Avegalio, 2009) or Navajo (Schwartz, 2009), home-birth placenta burial draws on a wealth of cultural discourse that constructs the placenta as an important and meaningful part of childbearing.

The discursive link between placenta burial and death is particularly strong and connects to discourses of memorialization, highlighted by the deliberate choosing of plants. Davies (2002) notes that “physical death is such a powerful force in human experience that it has been extensively employed as a symbol for other cultural events” (p. 145). The burial becomes a memorial, also common in the human bereavement experiences (Vale-Taylor, 2009). The placenta becomes a personified, embodied part of childbirth, symbolizing the links between women, childbirth, and nature (Klassen, 2001; Mansfield, 2008) and also the relationship between childbirth and spirituality (Callister & Khalaf, 2010; Hall, 2002) and the spiritual link between birth, death, and the unborn (Hall, 2004, 2006, 2010).

Lotus Birth

Lotus birth refers to the practice of not severing the umbilical cord after the birth of the baby. The cord

is left intact, the placenta is generally wrapped in something breathable such as a cotton piece of fabric, and kept on or near the baby until the cord dries and breaks on its own. Although most participants went on to bury the placentas once they had come away from the baby, some continued to dry them and have kept them. The reasons to have a lotus birth vary slightly, but generally, it is because of a perceived spiritual connection between the baby and the placenta (Buckley, 2002). Lotus birth is very rare in hospital settings (Hanel & Ahmed, 2009). Elenor, a doula and mother of two home-birther babies, practiced lotus birth for both of her children, and she tells me of the first time she saw a lotus birth as a doula to her friend:

I actually had a lotus birth with my babies, and I thought it was the weirdest thing to have a lotus birth but then I went to [friend's] birth and I saw that she didn't cut the cord, and I thought that feels right anyway she didn't, and you know, her friend washed the placenta, we salted it and put it in a bag, and she pretty much carried it around.

Commonly, lotus birth is seen as the baby's right and that to cut the cord is to take control over something that is not yours. Brook said,

. . . for me, it just felt it would be her decision to let go of her placenta because it isn't mine; it's hers and I'd rather she had the choice than have it cut.

Cassandra echoes this sentiment:

I heard babies can play with their placenta and the umbilical cord inside the womb and it's their source of comfort and familiarity. So I felt like it was gentle and respectful to let that be the next transition rather than say right, we're going do this now. I just, I couldn't stand the thought of scissors cutting something so beautiful and connecting us, and I felt like there could be grieving from the baby and a grieving from me . . .

The placenta is seen as having such an important role in pregnancy that the natural drying of the cord and its eventual breaking is seen as the baby letting

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go of the placenta himself or herself. It takes approximately four days for the cord to dry and break of its own accord. This practice specifically challenges the medical disposal discourse by not only configuring the placenta as having spiritual significance but also by constructing it as belonging to the baby, not the mother. This imbues the baby and the placenta with an agency that is not considered in contemporary medical contexts, which see the placenta as birth by-product which, if belonging to anyone, belongs to the birthing woman.

Lotus birth strengthens the connection between organic and spiritual discourses of the placenta. At no time did I hear these women talk about any concern they had over cleanliness or whether the practice would provide any medical benefit—these concerns were secondary (or not there at all, perhaps) to the spiritual understanding of the placenta as part of the baby's spiritual property, to be let go in time.

PLACENTOPHAGY

Referring to the practice of eating, or consuming the human placenta, known as placentophagy, did not seem to be a particularly spiritual experience for participants. The placenta was consumed primarily via dehydrating it, and grinding it into a powder, and put into capsules to be taken when energy was low. Two participants also gave part of the placenta to a homeopath, who then used it to make a homeopathic remedy for the baby and mother to use as needed. The predominant reason women seemed to choose placentophagy was for its perceived medicinal purposes.

Amali had not planned on eating her third child's placenta, but after the birth, she lost a substantial amount of blood, and even though the bleeding stopped on its own and there was no medical emergency, she recalled feeling lethargic for longer than she expected, and her midwife became concerned and suggested she eat some of it.

I ended up eating it and I literally overnight, I felt a different woman within hours of having it; I just had little pieces raw frozen so it wasn't so confronting, and just like a tablet, put it at the back of my

throat and swallowed it, and I did it for about every 2 hours or so for the first part of that night and then the next day about three times . . . I still can't believe how much progress it made, and I really didn't think it would. I wasn't expecting that . . .

Marcia cooked her child's placenta using traditional Chinese medicine:

. . . so it was steamed with chillies, and I can't remember now, but it was with chillies and things and then it was dried out and then crushed up and I just put it in some gelatin tablets and I took them; I started off with three times a day, and then I think by the time he was 6 weeks, I was down to one a day . . . I still had them right up to 10 months 'cause I would just take them. Yeah because you don't need a lot, you only need a little bit . . . I [would] just take it if I was sick or if I was run down or if I was feeling really overwhelmed, so I went back on them.

Cassandra recalled how much of an energy boost eating her son's placenta gave her:

I actually kept some of the placenta, and I was eating it for about a fortnight. Which some family members found it really confronting that we had a lotus birth and I ate the placenta. But it felt right for me, and I felt that's what animals do, they eat the placenta, it's a natural thing and its full of nutrients, of zinc and iron, and I had to stop having it because I mixed it in up into fruit and nut smoothies, I had to stop taking it at night because I was just buzzing.

Although Cassandra makes the connection between nature and animals and eating the placenta, she was the only participant to do so because usually these references were used when discussing burial or the desire to do something respectful with the placenta. Many participants spoke about the healing qualities of the placenta, and I learned about several ways to prepare it for consumption. Some women put it into a food dehydrator and dried it out, then crushed it into a powder and put it into empty capsules you can buy from the health food store and took them like that. Others semi-froze it and then cut it into capsule-size pieces and froze them and took the frozen pieces like capsules as they needed them. Others froze chunks like Cas-

sandra and make smoothies with it, and only one participant tried cooking it up and eating it like a meal but said she couldn't eat it because it just made her feel sick, so she pulled out the pieces, froze them, and later buried them beneath a tree. Each of these stories came with anecdotes about the medicinal properties of the placenta, and the women they had heard of who prevented postnatal depression or eased the hormonal transition of motherhood in those first few months, and the tiredness that generally takes over in those early stages of life with a new baby. Anecdotal evidence produced an authoritative knowledge about the benefits of consuming the placenta.

Unlike previous research has suggested (Ober, 1979), none of the participants referred to hunger as a reason for consuming the placenta. One of the reasons I have used to term "consume" rather than "eat" in this section is to distinguish between how and why we consume food day-to-day, which includes chewing, tasting, choosing food based on appetite and taste, and placentophagy, which rarely seems to include any of these aspects. Participants consumed their placentas for perceived medicinal reasons but did so in ways that separated the act from usual eating habits. With the exception of Marcia, as discussed above, consuming the placenta raw or cooked is relatively rare. The practice of placenta encapsulation is becoming increasingly popular and appears to be the most common way for women to consume their placentas.

DISCUSSION AND IMPLICATIONS FOR PRACTICE

The placenta in these settings changes form through the process of ritual and ceremony. It begins as an organ that kept these women's babies alive in utero and ends as a powerful symbol of birth, spirituality, motherhood, fertility, and life. Through the various practices these women undertake, the placenta's status is elevated and enables the women involved to gain a sense of connection and fulfillment. The spirituality of childbirth is becoming recognized in childbirth research (Balin, 1988; Callister & Khalaf, 2010; Hall, 2004). This shift is as important for birth practitioners as it is for policy. The placenta, however, continues to remain on the periphery of these discussions. The placenta is a key site of spiritual meaning for some birthing women, embodying the link between woman, child, and transformation of pregnancy and birth.

The bulk of our current knowledge of the placenta remains discursively in our technological birthing culture. This research strongly suggests a gap between what we know about the placenta and its biological functions and how the placenta is experienced by the women in this study. The stark contrasts between these discursive constructions offer the possibility that the hospital protocol may not be the only effective way of "dealing" with the placenta. The medical view of the placenta as clinical waste, however, is not something that policy alone will necessarily change because the compounding of the placenta as the clinical waste "afterbirth" requires an ideological shift.

What this research indicates is the possibility of conceiving of placenta decision making outside the confines of medicalization and clinical waste. Within much medical policy, there is little room to conceive of possibilities of difference. The women participating in placental rituals in the home-birth setting represent such difference and as such highlight the tension between women's bodies and the treatment of these bodies through the medicalization of childbirth. None of the rituals presented in these findings are limited to home-birth practices, and women in all birth settings may find placenta rituals an enriching addition to their birth experience. Further research on placentas in hospital settings would further strengthen our knowledge of this part of the birth process. As yet there is research on how the third stage occurs (Fahy et al., 2010; Fry, 2007; Gyte, 1994), although the placenta is rarely discussed beyond this.

The implications for childbirth education include the facilitation of placenta treatment options that are not disposal-focused. By presenting suggestions that offer the possibility of a spiritual connection to the placenta, there is great potential for the third stage of labor to be a meaningful component of labor, birth, and the postpartum period. Many women may choose to leave their placentas behind, to be incinerated in accordance with hospital policy. Some, however, may not have known they had a choice to make an active decision. As one of the first and most trusted childbirth resources pregnant women encounter, childbirth education is a prime

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opportunity for the facilitation of placenta talk that can move beyond the usual medical boundaries and consider alternatives for the often overlooked third stage of labor.

In the home-birth setting, the symbolic value of rituals associated with the placenta suggests a rich insight into the potential for this organ to be more than a site of contamination. Placentas are an integral element of the home-birth experience, in part because it is the woman and her family who are required to make the decisions surrounding it. Whether it is consumed, buried, or left intact to separate from the infant naturally, the placenta in a home-birth setting offers an alternative to the dominant biomedical framework that positions it as clinical waste. The women in this study have created alternative ways of knowing and appreciating their bodies and what comes from them, and this has far reaching implications for women in all birth settings, including the majority of women who birth within the hospital system.

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