What Women Aren't Told About Childbirth

By Manda Aufochs Gillespie and Mariya Strauss, AlterNet
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Like most myths, there are the people for whom the fiction is the reality, but they are the exception. Chances are your baby will cry at night; your feet will swell; and unless you are willing to research in depth, shop around for care providers and advocate stubbornly for what you want, you probably won't have the labor you expect. This isn't just a benign statement about how we never get what we expect: A new survey of mothers reveals some disturbing things about hospital maternity care that may make pregnant women want to take a closer look at their options.

The survey Listening to Mothers II (LM 2) was released in 2006 and reports on U.S. women's childbearing experiences. Conducted for Childbirth Connection by Harris Interactive in partnership with Lamaze International and Boston University School of Public Health, it is the first comprehensive survey of women's childbearing experiences. The survey population is representative of U.S. mothers 18 to 45 who gave birth to a single infant in a hospital, with 1,573 actual participants.

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The majority of women ended up attached to IVs, catheters and fetal monitors. They had their membranes artificially ruptured and were given epidurals. Most of these women had little understanding of the side effects of these interventions, including cesarean and medical inductions. The report also shows that though women understood that they had the right to refuse medical interventions, few did, and many received interventions, such as episiotomies, without their consent.

Just as troubling is what is not being done. A "very tiny minority" of women received all of the care practices that promote natural birth. "With 4 million U.S. births annually, a single percentage point represents about 40,000 mothers and babies per year," the report authors say. Despite the relative health of women in the United States, many women are not getting the uncomplicated births they might expect.

But whose responsibility is it to make sure a baby's birth is a positive experience for the mother and her family? And what kind of birth do women want?

Achieving a more *natural* natural birth

Popular media outlets and advertisers would have women believe that labor and delivery happen in only one context: hospitals. When television shows, health magazines and films depict birth as a highly medicalized phenomenon that involves lots of screaming, a command to push and a baby before the next commercial break, it is no wonder that so few women in labor think to ask for more information when they are offered medical interventions. Or that so few are educated about natural childbirth.

Juli Walter teaches childbirth education classes on Chicago's northwest side. "Most of my students have an idea when they come to class that they would like to have a natural childbirth," says Walter. "However, they don't really have an understanding of what they need to have a natural birth." Though some make an effort to learn about birth from other mothers or books, most pregnant women don't have a grasp of the details of childbirth -- things like the physical and emotional stages of labor, the anatomical changes their bodies are experiencing, or the amount of pain they are likely to experience in labor and delivery.

Even among the women who say they want a natural birth, the term "natural" doesn't always mean the same thing. Many people believe that labor and birth are a natural human process, engineered by evolution with such sensitivity that any intervention -- like administering anesthesia or drugs to speed labor -- could cause it to malfunction. Under this model, most births are attended by midwives who act as lifeguards -- well-trained birth professionals who will be constantly present and intervene only if serious complications arise. This type of assistance during a birth, says doula and certified professional midwife (CPM) Mary Doyle, is "more about collaborating and being an ally to a pregnant woman, honoring her choices and letting her be in control of her experience rather than dictating what is going to happen."

Following this model of care for labor and birth, a woman might have her baby at home or in a midwife-staffed birthing center, both with the ability to transfer to a nearby hospital. Women have all sorts of reasons for wanting an alternative to hospitals: "For some women, it's the intimacy of birth that makes them want a birth center or to give birth at home," says Gayle Riedmann, a Certified Nurse-Midwife (CNM) who runs a midwifery practice in Oak Park, Ill. She is a board member of the Health and Medicine Policy Research Group (HMPRG), a group of health professionals and researchers that advocates for health-related policy improvements across the state.

Others believe that all birth can be considered "natural" and that birth with epidural anesthesia and continuous electronic fetal monitoring is no less natural. A large percentage of women -- 76 percent of all women in the LM 2 survey -- wind up

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Among developed countries, the World Health Organization reports, 29 have better infant mortality rates than the United States, including Slovenia and Cuba, and 41 have better maternal mortality rates.

Why are women in the United States more likely to die from childbirth than their peers in other industrialized countries? The rising rates of medical intervention and surgery in birth and their attendant risks are a big part of the answer.

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Indeed, their professional association, the American College of Obstetricians and Gynecologists (ACOG), last year went so far as to issue a wholesale condemnation of out-of-hospital birth. They cited a lack of evidence to support the safety of birth outside hospitals, despite its undisputed record of safety in many other countries. In their Guidelines for Perinatal Care, fifth edition, published in 2002, ACOG states, "Although ACOG acknowledges a woman's right to make informed decisions regarding her delivery, ACOG does not support programs or individuals that advocate for or who provide out-of-hospital births."

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The irony is that, although patients may pay less out-of-pocket, hospital births cost a great deal more than births in birth centers or at home. Nationally, birth centers cost 30 percent to 50 percent of a hospital birth, and homebirths, which usually range from $1,500 to $4,000, cost a mere 10 percent to 30 percent of a hospital birth, on average. The difference in costs is partially due to how hospitals bill: "Each thing has a charge, each doctor. There are IV fees, different machines, even Kleenex fees. With a home birth you have a midwife fee and some supplies," says Ida Darragh, chair of the North American Registry of Midwives. Gayle Riedmann, the midwife from Oak Park, explains that birth centers, too, charge a single fee for the entire birth experience, adding, "A number of families who do not have health insurance and can't afford a hospital birth could use a birth center."

But here's a funny thing: Women without insurance are less likely to end up with cesareans, as are women with Medicaid, according to the HCUP study. Women with private insurance, the study says, have the highest cesarean rate.

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For most women, the fact that hospitals have virtually cornered the market on childbirth and maternity care means that birth itself can assume the form of a medical problem rather than a normal human process. And, since most mothers are giving birth in a hospital room surrounded by highly trained doctors and sophisticated medical instruments, a low-risk, unmedicated labor can rapidly convert into a complex surgical case.

Progress is being made nationally in providing birth options to women and their families. That progress, however, varies significantly from state to state. In 11 states women are prohibited from having a homebirth-trained attendant (a CPM) at their birth or are forbidden homebirths altogether, and in 17 states there are no freestanding birth centers available to women.

In 2005, Virginia and Utah, and in 2006, Wisconsin passed regulatory legislation allowing CPMs to practice midwifery in their states. This year attention is on Missouri, which has appealed to the state's Supreme Court to allow a new CPM law to remain standing, and on Illinois, which has passed legislation to legalize and establish freestanding birth centers and has a CPM licensure law pending. One by one, these states are helping families regain control of their own birth experiences -- and for some, that is preferable to the technological advancements hospitals offer.

"It's about choice," says Riedmann. Whether women choose hospital birth or evidence-based, skilled care outside a hospital, Riedmann sums up: "We have to respect women's choices."

Books for further reading on childbirth:

- Ina May's Guide to Childbirth, by Ina May Gaskin, MA, CPM
- Pushed: The painful truth about childbirth and modern maternity care, by Jennifer Block
- The Think Woman's Guide to a Better Birth, by Henci Goer
- Born in the USA: How a broken maternity system must be fixed to put women and children first, by Marsden Wagner, MD, MS

Manda Aufochs Gillespie has served as editor of F Newsmagazine and Ink Literary Journal and was a regular contributing writer for the journal EcoCity Cleveland. Her work has been published in Conscious Choice , Cleveland Magazine, Communities Journal. Manda had her first baby at home with midwives in November 2006. Mariya Strauss' recent publications include literary reviews for Bookslut.com, feature articles and art reviews in F Newsmagazine. She recently edited a catalogue of essays published by the Video Data Bank. Mariya had her first baby in a hospital in September 2006.

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For most women, the fact that hospitals have virtually cornered the market on childbirth and maternity care means that birth itself can assume the form of a medical problem rather than a normal human process. And, since most mothers are giving birth in a hospital room surrounded by highly trained doctors and sophisticated medical instruments, a low-risk, unmedicated labor can rapidly convert into a complex surgical case.

Progress is being made nationally in providing birth options to women and their families. That progress, however, varies significantly from state to state. In 11 states women are prohibited from having a homebirth-trained attendant (a CPM) at their birth or are forbidden homebirths altogether, and in 17 states there are no freestanding birth centers available to women.

In 2005, Virginia and Utah, and in 2006, Wisconsin passed regulatory legislation allowing CPMs to practice midwifery in their states. This year attention is on Missouri, which has appealed to the state's Supreme Court to allow a new CPM law to remain standing, and on Illinois, which has passed legislation to legalize and establish freestanding birth centers and has a CPM licensure law pending. One by one, these states are helping families regain control of their own birth experiences -- and for some, that is preferable to the technological advancements hospitals offer.

"It's about choice," says Riedmann. Whether women choose hospital birth or evidence-based, skilled care outside a hospital, Riedmann sums up: "We have to respect women's choices."

Books for further reading on childbirth:

- Ina May's Guide to Childbirth, by Ina May Gaskin, MA, CPM
- Pushed: The painful truth about childbirth and modern maternity care, by Jennifer Block
- The Think Woman's Guide to a Better Birth, by Henci Goer
- Born in the USA: How a broken maternity system must be fixed to put women and children first, by Marsden Wagner, MD, MS

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