

NATURAL LIVING

The Home Alternative To Hospital Birth

Normally, giving birth should be one of the most natural phenomena of life on Earth. And for most creatures it is – with the notable exception of the western woman, especially the American woman. In an almost Monty-Pythesque turn of events, the medical industry has transformed the act of a baby being born into a high-tech medical procedure, and the mother-to-be from a healthy woman into a potentially sick patient. But fortunately there is an alternative available: home birth by midwife.

by **GEORGE ZENS**

If you have seen the Monty Python movie 'The Meaning of Life', you most likely remember the delivery room scene: A woman, about to give birth, surrounded by numerous machines (so many in fact that the medical staff can't find her at first), including "the machine that goes 'ping'", and a crowd of nurses and doctors who tell her not to "worry, we'll soon have you cured" and, when she asks what she should do, "nothing dear, you're not qualified".

While Monty Python's presentation of 'the miracle of birth' is a satire, reality is

meanwhile not far behind.

In the United States we have the most expensive sick-care system in the world, but we are not necessarily getting value for money. In fact, we lag behind most other industrialized countries in virtually all public health indicators, including having one of the worst neo-natal mortality rates.

A 2008 report issued by the Childbirth Connection, the Reforming States Group and the Milbank Memorial Fund found that "too many healthy women with low-risk pregnancies are being routinely subjected to high-tech or invasive interventions that should be reserved for higher-risk pregnancies".

Among those measures the report lists inducing labor (the practice has more than doubled since 1990), use of epidural painkillers, delivery by Caesarean section (more than one third of all births in the U.S.), electronic fetal monitoring ("unnecessarily adding to delivery costs"), rupturing membranes ("breaking the waters", intending to hasten onset of labor") and episiotomy ("often unnecessary").

The report points out that "the current style of maternity care is so procedure-intensive that six out of the fifteen most

common hospital procedures used in the entire U.S. are related to childbirth."

It also indicates that the main reasons for this therapeutic overkill are not health-related, but commercial:

"Although most childbearing women in this country are healthy and at low risk for childbirth complications, national surveys reveal that essentially all women who give birth in U.S. hospitals have high rates of use of complex interventions, with risks of adverse side effects. The reasons for this overuse might have more to do with profit and liability issues than with optimal care. Hospitals and care providers can increase their insurance reimbursements by administering costly high-tech interventions rather than just watching, waiting, and shepherding the natural process of childbirth."

That 'natural process of childbirth' is what home birth by midwife is all about.

Ingrid Andersson, Debbie Healy, Leah Hatcher and Britt Wanta are four independent Madison midwives who are working together as the Honey Pot Collective, thus overcoming the isolation in which midwives have traditionally worked.

As Ingrid Andersson explains, there has been an ongoing effort for decades nationwide to replace midwives with doctors, but in Dane County this trend has been slowed down and the Madison area boasts an unusually large number of midwives. That, she concludes, might be the reason why Dane County has closed the gap in neo-natal mortality rates between people of different ethnic origins:

"Our goal is to have a midwife in every neighborhood."

When asked why anyone should choose a midwife and home-setting over a fully equipped hospital delivery room with medical staff, the four midwives reply with the SUV-analogy: The automotive technology that makes an SUV a superior vehicle in very adverse driving conditions is useless in the normal driving conditions that virtually all drivers experience 99 percent of the time. Similarly, the medical technology available to deal with very problematic pregnancies and deliveries doesn't provide any benefits to the vast majority of women (and babies) who experience normal birth.

In fact, the characteristics that make an SUV an SUV can pose dangers to the driver

(and other vehicle occupants and traffic participants), like the high center of gravity (increased risk of rollovers) or the larger weight (greater stopping distance). Likewise, some of the drugs and procedures routinely administered to pregnant women in conventional hospital settings can have adverse effects on mother or baby.

Debbie Healy sums up:

"The care should be driven by the clients. More than 90 percent of all pregnancies are normal and healthy; for the other ten percent there are people to help with that."

Ingrid Andersson adds:

"It's the same mentality as driving an SUV three blocks to buy a bag of groceries. And it's not just a matter of preserving the environment, but also family dignity. The cost of medical care is so huge due to cheap fossil fuel. As midwives we are well prepared to carry the torch with far fewer resources."

Debbie Healy:

"For example, hospitals produce three to four times more direct garbage per birth than a typical home birth, not to mention the whole hospital operation."

Britt Wanta used to work in a hospital:

"There is no sense of finite

resources in a hospital; I am still unlearning that.”

Ingrid Andersson sees a deeper problem:

“In the United States we have no idea of the real cost of things. It is hard to talk to people about prevention when so much of the cost or benefit is invisible to them. For instance, how do you talk about all the antibiotics we, the midwives, didn't use? I'm saying that because most of what a midwife does during pre-birth is about prevention, including advice on nutrition, referring people to massage therapists or chiropractors, and about keeping people at their best, so no infections or complications arise. We have almost no need for antibiotics during labor.”

Nutrition, by the way, is very important, not just for the mother, but even more so for the baby. After all, a breastfeeding infant is at the very top of the food chain.

Midwives know their clients (they don't call them 'patients') very well, having accompanied them throughout the pregnancy. That also means that if complications happen, they don't come as a surprise and the midwives (and families) will be prepared.

“There is no question that a woman with a high-risk pregnancy should go to the hospital,” says Ingrid Andersson.

But those are a small minority, and for the large majority of women with normal pregnancies “a community midwife is the best decision for the preg-

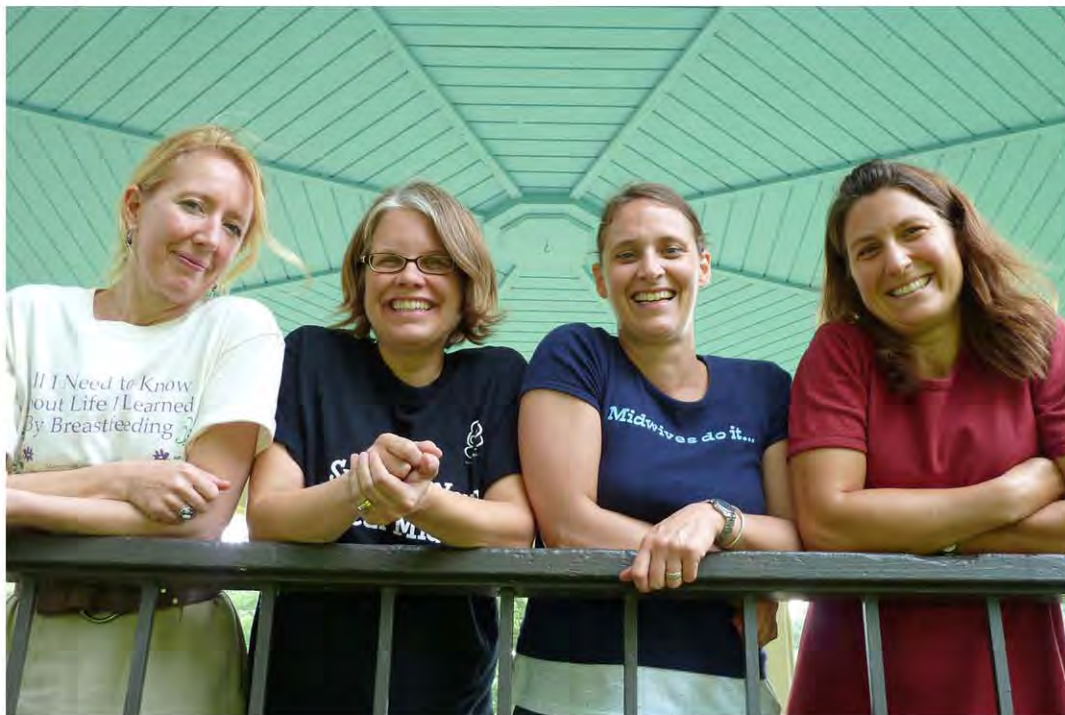


Photo submitted by HONEY POT COLLECTIVE

The midwives from the Honey Pot Collective (left to right): Ingrid Andersson, Britt Wanta, Debbie Healy and Leah Hatcher.

nancy, the birth and the post-partum experience”.

“The main reason why women opt for a home birth is that they want to be in control of their bodies and the birth,” says Leah Hatcher. “A hospital setting goes against their natural instinct.”

“A hospital birth in front of six strangers is often a very stressful situation,” says Ingrid Andersson. “Which is one reason why the demand for epidurals is so high.”

During home birth, on the

other hand, the woman is in familiar surroundings and in the company of people she knows and trusts.

Ingrid Andersson estimates that midwives save “thousands of dollars in emergency care because women call us first with problems.”

And there's a bigger picture. “People want control,” she continues. “More and more people want to know where their food comes from, they home-educate their children, and they want control over how

their baby is delivered.”

Leah Hatcher points out that “midwives don't deliver babies, women do.”

“We attend them,” adds Britt Wanta. “We support them and protect them, and of course help them when they need us.”

But like the buyer of the SUV, in the back of their minds, people are concerned about what happens if anything goes wrong?

The midwives point out that they are trained professionals, who can provide all the care

that a rural hospital can, including dealing with hemorrhaging (the number one cause of death in childbirth), neo-natal resuscitation and adult CPR. In case of more serious complications, the woman is transferred to a hospital, although that is rarely an emergency situation, since the midwife knows the mother and family quite well by then.

While numerous studies have shown that home birth and birth by midwife have many advantages over conventional hospital birth, many insurance plans, including public ones, don't include them.

“Our health care system is driven by insurance companies and the health care industry,” says Ingrid Andersson, “which is especially hard on low-income women and those with no insurance. Birth by midwife has equally good outcomes for all women of all levels of education and income, including for those who usually get the short end of the stick in conventional hospital settings.”

For more information:

**www.gentlehomebirth.org*

**www.leahhatcherbabycatcher.com*

**www.openarmsmidwifery.com*

** A conference about*

'Overcoming Disparity – Midwives Collaborating for Equality in Birth Outcomes' will take place July 16-18 at the Pyle Center at the University of Wisconsin, Madison. For more information visit: www.mana4madison.org