

## Birth: Hospital or Home? That is the Question

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**Abstract:** None available.

**Full Text:** Headnote ABSTRACT: Reflections of a practicing obstetrician on the question of hospital vs. home birth, specifically addressing the issue of increased interventions, in ways known to be traumatic to babies, that are typical of many hospital births. This increased intervention has created increasing dissatisfaction in mothers of the birth experience. The attempt is made to simplify the arguments that support home birth when compared to the hospital management of labor and birth. KEY WORDS: homebirth, hospital birth, midwife care.

INTRODUCTION I once heard, "Doctors mess with pregnancy and create problems; midwives recognize problems before messing with pregnancy." Medicine is a strange bedfellow to associate itself with a natural event, especially with management of childbirth. Medicine presupposes disease. There can be problems with pregnancy, but pregnancy is not a disease and, unless there are complications, medical intervention is not required. The following story illustrates complications that can arise due to unneeded medical intervention.

"Doctor Oliver do you do home deliveries?" She asked on that first prenatal visit. "I don't, but I should. I do back up a midwife who does home births and would be glad to work with you and Jade. My malpractice insurance won't let me do home births." She looked at me with a quizzical expression, "Aren't they supposed to be safer?" "According to everything I can read, they are safer. Supposedly, the mother has more control over her baby's birth and there is not so much interference. That has also been my experience." "Well, I can tell you this. I had my first baby at home. It was great! When I had my second baby I had to go to the hospital because no one did home births where we lived. I started to do it unassisted, but Bill, my new husband, was too afraid. That birth was horrid. Without my permission they started pitocin when I was going a little slow. They did not listen to what I wanted, the doctor got mad when I made them take the IV out of my arm and the nurses became downright abusive. They talked me into an epidural and then, when I couldn't push the doctor used forceps and pulled Daniel out of me. When my epidural wore off I had terrible pain in my bottom and found out he had cut me clear through to the rectum. It took months to heal and is still sore with sex. I'll take my chances at home and know my baby will be better off. No way would I put one of my babies in the hands of a hospital." There was little I could say. The increasingly interventional nature of obstetrical care results in greater complication rates and more emotional and psychological damage to babies. Today it has become the doctor's role to manage birth. Mother's role is usurped. The obstetrician has become the authoritarian voice over that of mother. While American obstetricians seek to increase their technological interference and domination over childbirth, more and more women seek the care of midwives to avoid medical interference and associated trauma. It seems that the more interference in childbirth, the more we are seeing babies born traumatized. The violence in birthing and violence in society seem to parallel each other. Could they be connected? Is there a connection between obstetrical intervention with inductions, elective cesareans, anesthesia, and more operative deliveries and the rising rates of autism, depression and affective disorders? In my opinion, based on my research and experience, most assuredly, yes! GRASS ROOTS EFFORT Pregnant women who have fought for authority over their bodies, midwives who have supported them, and brave women who birthed their babies without medical assistance have proven the superiority of natural childbirth. These women have demonstrated clearly that birth, at the end of a normal pregnancy, without intervention is safer. Women find midwives treat them and their babies with greater respect than do the doctors. These women have shown birth at home protects babies from medical interference. Ten percent of mothers are selecting home birth to retain their voice over their bodies. With midwifery support, women are able to express their inherent capacity to give birth and to fully

experience the birth of their child; it is mother who has succeeded in childbirth, not the medical system. The medical model, the technocratic model of birth, cunningly steals the right of the mother's authority in childbirth. In many cases, this technological underpinning of medicalization in childbirth denies the mother's knowledge of herself, and has disenfranchised her. BIRTH PRODUCTION I recently watched one of those Discovery Channel shows about birth. A doctor was explaining to a woman that she was not progressing fast enough and that "unless she wanted a cesarean" he would have to start "something to make her womb work harder." The woman was lying on her side, otherwise flat in bed, hooked to a monitor. An IV was running into her arm, and she was obviously paralyzed from the waist down, having to twist her upper body around as best she could to see the doctor. The doctor was standing at the foot of the bed facing her back instead effacing her. Perhaps, that relieved him of having to see her fear. Who knows? What's wrong with this scene? There is no question that the doctor is on a clock, that mother's epidural has slowed her contraction, and that the doctor is implanting suggestions implying there is something wrong with her since she was forcing the doctor into more intervention. The doctor has given her no helpful information about why he is worried about time and progress, and has not conveyed to her that his epidural is the cause of her problem, and not her failure as a mother. Most damaging is the threat, "You better get busy or we will just have to take the baby." Eighty-five percent of all pregnancies are no or low risk. With medical intervention, the cascades of interference convert normal pregnancy into complications amounting to as high as fifty percent. Elective cesareans, induction of labor, excesses in anesthesia and operative deliveries (forceps and vacuums) increasingly create complications. This fact is not controversial according to literature on midwife and doula supported childbirth and in all scientific journals reporting home birth success. I am particularly fearful for mothers who have been led to trust the medical management of birth. Most inductions and epidurals, needed or not, are traumatic for the baby and lead to confusing ideation and thoughts in baby's mind, "What happened to Mom; where did she go? What is this terrible feeling?" (These are responses recorded by clients regressed to birth where mother received epidurals.) Standard practices by caretakers lead to baby's birth trauma and leave mother lacking the experience of her innate power to birth. Mother is the best source for safety of baby, not the medical institution. That is why, in the medical model of birth, there are so many complications. One has only to read birth stories of mothers who were forced into the doctor's or hospital's plan to learn of the terrible experiences suffered. Interestingly, an article in the American Journal of Obstetric and Gynecology pointed out that most women were unsatisfied with their experience of childbirth, a complaint seldom heard from a home birthed mother. Having done "it", birth, on her own, empowers mother. Babies are programmed to violence during their pre-and perinatal lives and at birth. These babies as grown children and adults perpetuate the disregard for their experience of birth and their care in the nursery. (I recommend reading Robin Karr-Morse, Meredith Wiley (1997). Ghosts from the Nursery: Tracing the Roots of Violence.) Incredibly, when we treat mother to modern hospital birth, we are increasing the birth trauma to the baby. Each intervention leads to another intervention, all of which have devastating, long term, adverse affects on the spiritual, emotional, and physical being of the baby. The evidence speaks for itself: In nations where there is high midwife assisted home birth, violent acts committed by young adults are strikingly lower when compared to this country where there are fewer midwife assisted births and where the doctor/hospital intervention is high. Mothers are deprived of relevant information about interventions that would constitute medical interference in their pregnancies. Physical and emotional damage is being done to mothers and babies, as long as we allow political and industrial complexes to take progressively more control over birth. PAY ATTENTION TO BABY IN CHILDBIRTH Even in the high-risk pregnancy, doctors, especially perinatologists, must embrace the fetus they are treating as a feeling, conscious being, not just something they can manipulate. An extremely thoughtful midwife, Raewyn Glasgow, who works in a high-risk labor and delivery unit (tertiary care), puts all her concentration and intention on the unborn. She assists mothers in focusing on shielding their babies from trauma. As one could imagine, Ms. Glasgow's intention reduced the traumas experienced by unborn babies. She acknowledges the pain and fear the baby is suffering and thus mitigates

much of the trauma. The benefit was reflected in bonding and recovery after birth, in infants with more mutuality and empathy, and with more empathetic feeling and understanding of others. Michel Odent (1984) has confirmed the naturalness of birthing. Thomas Verny (1981/1986, 1987) has presented a strong case for emotional and mental life before birth. David Chamberlain (1998) has clearly shown the unborn as a feeling and conscious being. In the writings of these men, and the renderings of many other authors who recognize the pre- and perinatal impact of interrupting a natural process, there appears abundant supportive evidence, which belies the direction that medicine is taking in childbirth. HOW IS THIS SO? Childbirth has become a technological event, and the baby, a commodity. Money and control of the process of pregnancy is at the root of modern obstetrical management. Why does the medical profession continue to disregard the feelings of the unborn child? Perhaps because they still believe the baby is a non-feeling being, not a sentient being, and that pregnancy is inherently risky. This is in spite of contradictory evidence. Medicine's goal is to have all medical energy directed toward survival of the product, not risking chance variation by nature; the quality of life seemingly less important. Incredulously, prenatal medical management and birth are made to be a technological miracle, the mother is objectified and only incidentally and temporarily important to the process. Birth has been turned over to an unfeeling industry. Researchers are experimenting with ways that can lead to women being freed from the task of pregnancy. They are searching for Brave New Worlds - children made in the laboratory, in test tubes. Reproductive technology is not far from that goal; conception is easily achieved in the petri dish. Embryos are stored in tanks of liquid nitrogen to be implanted in a uterus at some future date. The search is on for an artificial placenta. The implications are profound. For the time being, science still needs a woman to incubate the baby. SAFER IN THE HOSPITAL? Technology has not proven itself superior. I find the profession continuing to proclaim that birth under obstetrical care is safer. This is simply not so. The baby and mother may survive the care, but are scarred. Is the birth industry doing the right thing for women? For babies? The terrible fear that all women had in the days before hand washing, clean water, and sanitation was death in childbirth. After anesthesia was available, four or five percent of women and their babies were saved by cesarean section. Women could approach birth with more assuredness of a safe outcome than in the early days. While childbirth had resulted in large number of deaths from infection or obstructed birth, with the advent of obstetrical management and available antibiotics, childbirth became less dangerous. The result has been that women could safely face the rigors of birth. It was not the hospitalization, per se, that caused the remarkable decline in disease and death in childbirth. It was the public health measures that began to make childbirth less risky. Since all the public health measures are in place, antibiotics are readily available, and transportation simplified, home birth is safer than hospital birth. Today, however, the medical profession has continued to state what is no longer valid, "It is safer to birth in a hospital under medical doctor care." Then comes the boogey-man, "What if something goes wrong at home?" Statistically speaking, when compared to home birth, hospital birth results in: \* Nearly 50% of births are by cesarean sections compared to 4% at home. \* 75-90% of mother's are paralyzed by epidurals. She is unable to expel baby, leading to operative delivery by cesarean, forceps, or vacuum. \* Pitocin stimulates 70% of labors. \* 50-60% more operative deliveries. \* 70% more episiotomies, only 4% at home. \* 90% of babies are traumatized by their birth emotionally and psychologically. \* Bonding and attachment are not priorities. \* There is a statistically significant increase in postpartum depression and mother dissatisfaction. SAFER AT HOME? At home birth, there are no inductions, no exposure to fetal-damaging anesthetic and analgesics. Prolonged labor is more rare and birth injury to the baby is greatly reduced. Birth is facilitated because the mother may seek her own best birth position; she can remain hydrated, control her environment, and take nutrition as she labors. Home is her space! Her fear of birth is abrogated by her confidence in herself, with the sure knowledge that "I can do this." She will avoid prolongation of the second stage caused by epidurals. In the hospital birth she must not only push the baby out of her, but do that uphill, against gravity, since she is flat on her back, legs up in stirrups, and isolated from the birth by surgical drapes. Vertical birth is her choice when in the cocoon of her home. The baby will remain with her after birth.

Breastfeeding is increased. SOLUTIONS Women must become informed rebels and retain their authority over their bodies, selecting the childbirth environment that insures more satisfying outcomes for her and her baby. The medical profession believes all treatments must now be evidence-based. Yet, they ignore home birth's superiority. The profession has grudgingly accepted midwifery and the Doula. The baby doula is next. A woman in labor must avoid being hurried, starved, dehydrated, shaved, and interfered with medically. She must resist any procedure that will have adverse affects or endanger her baby. It becomes her job to protect the feelings and integrity of her child before birth as well as after birth. She needs a militant support for her birth-ability. The support doula maintains the respect for mother's authority over her own body and birth, making the pregnancy and birth as much mother's as is possible, even in the event of medical complications. The doula holds the space of power for the mother. The outcome of combining a midwife home birth with a support doula is remarkable. What of high-risk problems or complications that may arise during birth at home? When a high-risk situation is discovered during prenatal care, there must be cooperative coordination between the obstetrician and midwife. Even then, depending on the high-risk issue, home birth may still be possible. Breech and twins would be examples. In other cases, hospitalization may remain the optimal choice. Complications do arise in labor at home, resulting in 11% being transferred to the hospital. Of those, one-half spontaneously resolve. Since there are far fewer intrapartum complications in a home birth, transportation to a hospital is unusual. When a complication crops up, it is vital to remember that the unborn baby must continue to be considered, with stress and trauma for baby kept to a minimum. The attending staff's cavalier disregard for the fetuses' sentience and consciousness must be avoided. In the medical model of obstetrical care, an obstetrician focuses only on baby's survival and Apgar score. Changes in staff and doctors attitudes can be made which allow them to participate with the mother and her baby without becoming the primary source of the events transpiring. Mother-baby is the source! Whether mother selects home or the hospital, the more authority left with mother, the better the outcome. Ever mindful of the power of the woman and the sentience of the baby, the outcome of pregnancy will be a celebration. The woman gains a profound sense of her humanness, the baby bonds with the parents and is nurtured in love. Clearly, I support home birth. Home birth accomplishes the transfer of birth back to the woman, the mother, while reducing risk to her unborn. References REFERENCES Chamberlain, D. (1998). The mind of your newborn baby. Berkeley, CA: North Atlantic Books. Karr-Morse, R., &Wiley, M. (1997). Ghosts from the nursery: Tracing the roots of violence. New York: Atlantic Monthly Press. Odent, M. (1984). Birth Reborn. New York: Pantheon. Verny, T., Ed. (1987). Pre-and perinatal psychology: An introduction. New York: Human Sciences Press, Inc. Verny, T. &Kelly, J. (1981/1986). The secret life of the unborn child. New York: Dell. AuthorAffiliation Robert Oliver, M.D., Ph.D. AuthorAffiliation Robert J. Oliver, MD, PhD, a retired Obstetrician/Gynecologist and SexologisVGestalt Psychotherapist, submitted this contribution to the Journal just a few months prior to his passing. Correspondence about this article may be sent to the Managing Editor at [appah@aol.com](mailto:appah@aol.com)

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