

Are all home births created equal?

By Ruth Hungerford

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Midwives are extraordinary women with a truly admirable and necessary role to play in guarding natural childbirth and supporting us to have our babies without unnecessary intervention. So it is with great difficulty that I sit down to write an article that is critical of the practice of some midwives. But it is an article that needs to be written.

I have had two babies both born at home attended by a home birth midwife. I had births that were perfectly normal with no unnecessary interventions, no stitches and very alert, very healthy babies with high Apgar scores. Yet my labours did not fit the strict criteria for normal as advocated by some obstetric textbooks or hospital policies. If I had planned a hospital birth I would probably have wound up with an unnecessary operative delivery of some description and almost certainly would have had an unnecessary induction for my second birth. Sadly I also have to acknowledge that if I had chosen a midwife that did not have a home birth philosophy I would also have been likely to end up with less than optimal birth experiences.

Let me stress some fundamentals and debunk some myths. There is a difference between a home birth midwife and a midwife who attends births at home. A home birth cannot take place in a birthing unit or a hospital that has a 'homelike' atmosphere. Home birth is not about décor nor is it just about having no medical pain relief.

As a birthing woman and active member of my local home birth association I work hard to promote home birth and to encourage women to have home births and to have a home birth midwife. It pains me to hear stories like the following from women who planned home births but did not choose a home birth midwife.

The woman whose midwife told her to push when she didn't feel like it, complied, exhausted herself, transferred to hospital, to find she was only 4 cm dilated, and had an epidural, an episiotomy and a forceps delivery. The woman who started pre-labouring on a Sunday. Her midwife attended, did an internal and told her the baby was definitely on its way. She was excited and psyched for seeing her baby very soon. On the Wednesday night after three nights of pre-labouring on and off every night labour finally started in earnest and she was so overtired and exhausted she transferred to hospital on the Thursday morning, had an epidural and a forceps delivery. Her midwife told her that this all happened because her baby was "too big" - she was 10lbs.

As Maggie Banks points out in her book *Homebirth Bound: Mending the Broken Weave* (2000), midwives are not the ones who are cutting women open or handling the forceps but they do need to recognize and acknowledge the things that they are doing in the Cascade of Intervention that set women up for birth injuries. Things like rupturing membranes, vaginal exams, telling a woman to push or even as seemingly minor as telling a woman in pre-labour that her baby will arrive imminently can all interfere with the natural process and set her up to have further unnecessary interventions.

We are all trying to be so careful not to offend anyone - midwives who do not have home birth philosophies and birthing women who choose them - that we don't say anything. Home birth associations are consumer organisations. As a consumer organisation I believe we have a right and a responsibility to inform women about the differences between a home birth midwife and a midwife who attends home births and what this difference might mean for their birthing experience. And I say might mean because if you have a strong birthing woman who knows and trusts that she can birth her baby without interference she will in all likelihood just birth her baby without any hassles. Or be like another friend who just ignored her midwife during the birth because the midwife was in my friend's words "Useless. She kept making suggestions and wanted to do (internal) exams and break my waters. I just ignored her and got on and had my baby" I don't know why this friend did not change her LMC - maybe she thought all midwives were the same and another midwife would have interfered just as much so she chose to ignore her rather than 'fire' her and get one with a different philosophy. Maybe she only found out in labour what her midwife's philosophy was. I don't know. But sadly that midwife probably never changed her practice because it wasn't challenged and I hate to think what sort of births her other clients, who weren't as stubborn or as strong as my friend, ended up with.

But bottom line is that we as birthing women need to make sure we do not hand over control of our birth to the midwife or anyone else - birthing our babies is our responsibility - the midwife's role is to support us, guard the natural process and be available if there are situations requiring necessary intervention (medical and midwifery interventions).

So what are the solutions here? We as birthing women need to inform ourselves. We need to read books like *Immaculate Deception* by Suzanne Arms and *Homebirth Bound: Mending the Broken Weave*. We need to ask our midwives about their practice. We need to take responsibility for our births, which may mean, for example, that we change our LMC if we feel that their philosophy about birth is not in line with our own. We need to determine early on what our midwife's birth philosophy is. We need to support the home birth midwives that are in our community so that they can practice. We need to be vocal about the importance of midwives with a home birth philosophy in the practice of home birth. We need to get involved with the midwifery review process and tell our midwives our concerns. We need to stand up and say these things and not be afraid of offending anyone.

Birth and home birth is too important to us, to our babies and to our futures to let it be medicalised. We need to hold on to it, to protect it and to guard it and we need strong birthing women and strong home birth midwives to do this.

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