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Who is responsible?

By Ruth Hungerford

I read an article a few years back in one of those women's magazine—you know one with a title like the "Women's-Weekly-New-Idea-Day". Anyway, this was an interview with a pregnant (New Zealand) 'celebrity' and she said (although this isn't an exact quote) about her birth planning "*I'm booked in at _____ hospital, because they (the doctors) are the experts on birth, not me*". Hmm, I thought, yes, she's definitely handing over her responsibility for her birth.

Women who choose to birth at home tend to be women who take more responsibility for their births and who have often put in more time and effort to being informed about birth. This is only normal as to swim upstream, when everyone else is floating downstream towards the hospital, takes a lot more work and you often have to justify your decision to yourself, your family and friends., But how much do we inform ourselves about our midwives? We know ,from the research, that midwifery –led care is associated with more positive birth outcomes, less interventions etc, but are there differences in midwives?

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. I have huge respect for midwives—they 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, that's why it pains me to hear stories like the following (true stories) 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 only 10lbs.

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, which would probably failed resulting in an operative delivery of some sort. 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.

Maggie Banks points out in her book *Home Birth Bound: Mending the Broken Weave* (2000), that 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 as birthing women also 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 *Home Birth Bound: Mending the Broken Weave* by Maggie Banks.
- We need to ask our midwives about their practice, their statistics and their philosophy.
- 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 work with us to do this.

Kia kaha. *Ruth Hungerford*

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