

Homebirth: what are the issues?

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There is no shortage of evidence to support the fact that home birth is safe, satisfying and empowering for women and their families. It is also a much-neglected option for childbearing women in Western society today, often because women and their partners are unaware of the issues or choices that are available to them. This article seeks to discuss modern-day attitudes to birth and present the arguments for midwifery care and home birth in an accessible format.

It must be stressed that different caregivers have different philosophies in relation to birth. Their philosophies are generally referred to as the 'midwifery' and 'medical' models, although it is not accurate to say that all doctors believe in the medical model and all midwives in the midwifery model. The medical model sees childbirth as inherently dangerous and suggests that all women should undergo routine interventions to ensure safety and give birth in hospital, and the midwifery model uses a more holistic approach and assesses women on an individual basis - a process that often enables women to give birth in their own homes.

Although the medical model has been the dominant model of birth in our society for a number of years, researchers in all fields are now showing the midwifery model to be more accurate in the way it sees birth. Moreover, more women are seeking to reclaim the spiritual and developmental aspects of birth that have historically led this to be viewed as a 'rite of passage' rather than a potentially dangerous medical event.

Many women approach a 'medical model' practitioner for care during their pregnancy, although this is not necessarily the best option. While family doctors, obstetricians and hospitals have a part to play in the care of women with serious medical conditions, or who develop a problem during pregnancy or labor, research shows that the vast majority of women might be better served by choosing a midwife for their care. Equally, this majority of women would also be well-advised to consider home birth as an option, due to its many advantages over hospital care. Some of the advantages of home birth with a midwife are cited below:

WOMEN EXPERIENCE LESS PAIN AT HOME

It is well understood that sensations of pain in labor are regulated by hormones released by the woman's body. During the labor, oxytocin - the hormone that causes contractions and helps the baby to be born - works in harmony with endorphins - the body's own pain-relieving hormone. During a home birth, the woman's body will release these hormones according to her needs and she will usually cope well with the sensations of labor.

However, when a woman attempts to give birth in another environment, such as a hospital, this process may not work as well. Even if a woman feels rationally that hospitals are 'safer' places in which to give birth, her subconscious mind knows that this is not the case, and she feels insecure. This causes her body to secrete the hormone adrenalin, which causes the levels of both oxytocin and endorphins to drop. She experiences far more pain than she would in her own home and this has several other effects on her labor, which are described below.

WOMEN EXPERIENCE LOWER LEVELS OF INTERVENTION AT HOME

There are two main reasons for this. The first concerns the hormones described above. In a hospital environment, women often produce the hormone adrenalin in response to subconscious or conscious fear. This inhibits the release of the hormone oxytocin and labor may well slow down.

Although this slowing of labor is a natural safety mechanism designed to let the women know she needs to find another environment, it is interpreted by many medical professionals as 'failure (of the woman's body) to progress'. Rather than suggesting that the woman talk about and work through her fears, or finds a different

environment, they will turn instead to drugs to 'speed up' the labor. This drug (usually syntocinon or pitocin) can cause distress in the baby, among other effects, and often itself leads to a 'cascade of interventions' that may result in an instrumental delivery or a cesarean section.

The second reason is that hospitals are systems, which need to run efficiently. They need to have procedures in place for workers to follow so that chaos does not ensue! Unfortunately, this often means that hospitals have policies where a certain number of interventions are carried out on all women who choose to give birth there. Often there is no evidence to support these interventions, and many of them (e.g. electronic fetal monitoring) are known to be harmful when used on a routine basis.

Every intervention is useful to a small number of women when used appropriately - but when applied to all women, they often cause far more harm than good. Women's choices are not sought and it is often difficult for staff to offer individualized care, because they feel restricted by the 'hospital policy'. They may not be 'allowed' to walk around and adopt alternative positions that are known to facilitate effective progress in labor.

WOMEN HAVE MORE AUTONOMY AT HOME

There is another major difference between giving birth in your own environment or in someone else's - that in your own home you are 'in charge'. You would not feel you needed to ask permission to make a drink in your own home, or visit the bathroom, yet that is exactly how many women feel in hospital. And the effects of feeling as if they need to ask permission to do everyday things can lead to women feeling that they are not in control. This may then have an impact on a woman's labor, because labor is a time when women need to feel very strong and powerful within their own bodies, not as if they were small children who needed to ask if they could pee!

Eating and drinking is another important aspect of this. In your own home, you are free to eat and drink whatever you feel like. Although women often do not feel like eating in strong labor, the choice is there. Many hospitals still refuse women food and drink in labor, even though all of the research evidence shows that this restriction is harmful rather than beneficial. Consequently, women become dehydrated and have low energy levels - at a time when they need lots of energy. Hospital staff may start an IV drip to replace fluids but this is not ideal - it limits the women's movement and adds to the feeling that she is 'sick', rather than experiencing a perfectly normal event.

OTHER RISKS OF HOSPITAL BIRTH

A recent article in the journal of the Association for Improvements in Maternity Services, cites a number of other risks of hospital births. These are summarized in the following list:

- Nurses or Nurse-Midwives may be looking after more than one woman in labor and individual women are not able to receive the support they need. This can also mean they are more likely to be 'tied' to fetal monitors rather than having the midwife listen to the baby's heartbeat intermittently.
- Hospital birth deprives the woman of contact from her family and friends. Being with other support people, particularly female relatives or friends, has been shown to have a very positive effect on labor and birth.
- Continuity of care is rare in hospitals - although you would have the same midwives throughout a home birth, especially if you chose to employ an independent midwife, shift changes in hospitals mean you may see a large number of caregivers during your birth. Some women report that, as soon as they have built up a rapport or relationship with one caregiver, she goes off duty and they have to 'start all over'. 'Knowing your midwife' has been shown to have very beneficial effects on labor.

- Levels of medical staff may also be low. It is a common fallacy that being in hospital is safer 'if things go wrong'. In fact, as long as you are not a huge distance from a hospital, you may well be treated more quickly if you are transported from a home birth than if you were in hospital in the first place! The sort of emergencies which need truly immediate action are extremely rare and are almost always preceded by signs which your midwives will pick up and act upon.
- In hospital, decisions about your labor will sometimes be made by very junior medical staff. (You rarely have a choice about which staff member cares for you in hospital.) These people may have little experience in birth and certainly far less than midwives who specialize in this area. They are also unlikely to trust that your body knows what it is doing!
- Hospital and medical care, as discussed above, takes place in a philosophy where staff is 'looking for problems', rather than ensuring that things are progressing normally. This seemingly small difference actually makes a big difference in the approach that different caregivers take to the women and her labor and birth. Would you rather have a caregiver who trusts that your body knows what it is doing and either reassures you that all is going well or helps you if there are any problems, or a caregiver who is always checking to make sure that your body is 'working', while at the same time doubting your ability to actually give birth? As before, not all hospital midwives or nurses take the latter attitude, but the environment of the hospital itself tends to perpetuate this philosophy.

WOMEN ENJOY INCREASED SATISFACTION WITH HOME BIRTH

The proof of this pudding is in the eating, or the asking! Over 99% of women who have experienced both home and hospital birth will tell you that they would choose to have a home birth in the future.

But don't take our word for it - ask some!

ARRANGING A HOME BIRTH

If you are thinking of having your baby at home, talk to a midwife! She will be able to tell you what is offered in your area, and the kind of care she can offer you. She will also be able to help you to make a realistic assessment of whether home birth is right for you. In general, the only women who are truly better off in hospital are those with chronic medical problems, such as insulin-dependent diabetes, or those with a very small baby. But women need to be considered individually, and their unique circumstances taken into account.

Remember that, in our society, there are many people who do not 'trust birth', and some midwives are among these people. If you encounter opposition to your plans, then seek a second opinion. You may have to interview several midwives before you find the one that is right for you. You may also want to seek support from other women who have made this choice.

The final thing that I would like to remind you of is to remember that women have been having babies for millions of years - without the aid of hospitals or medical intervention. And if birth didn't work, then we wouldn't be here now! Women's bodies are designed to have babies.

Trust your body. Trust your baby. Trust birth.