

Big Medicine's blowback on home births

Why do U.S. doctors strong-arm women into our standard maternity care system?

By Jennifer Block

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You'd think the healthcare establishment would have bigger fish to fry than Ricki Lake. (The 47 million uninsured, maybe?) But Lake's recent documentary, "[The Business of Being Born](#)," which includes footage of her own delivery of her second child at home, was on the agenda at the American Medical Assn.'s annual meeting in mid-June. Lake was personally name-checked in a "[Resolution on Home Deliveries](#)" introduced by the American College of Obstetricians and Gynecologists: "Whereas, there has been much attention in the media by celebrities having home deliveries, with recent 'Today Show' headings such as 'Ricki Lake takes on baby birthing industry.' " The AMA ultimately passed the resolution without the Lake citation, but not before the Hollywood media got wind of it and, overnight, home birth was thrust into the mainstream light.

It's about time.

Last year I flew to Britain to be with a good friend for the birth of her first child. She's American but married into Britain's National Health Service, lucky duck. The differences in the prenatal care she got there were striking. First and foremost, she never saw a doctor. As a healthy woman with a normal pregnancy, she saw midwives. And one of their first questions to her was, "So, would you like to give birth in the hospital maternity ward or at home?"

Planning a home birth with a midwife may sound old-fashioned -- maybe you think it sounds crazy -- but a solid body of research shows that for healthy women who seek a normal, nonsurgical birth, there are several benefits. At home, a woman can get one-on-one care and monitoring from a midwife trained to support the normal labor process. The mother-to-be is free to move about, eat and drink, sit in a birth tub -- Britain's national health guidelines call [water the safest, most effective form of pain relief](#). A woman will be helped to give birth in positions that are effective and protective: sitting, squatting, on hands and knees, even standing.

The physiological birth process is automatic: hormones fire, the cervix gradually opens, the uterus contracts, the baby descends, muscles engage. An optimal birth, one in which mother and child emerge as healthy as can be, is one that begins spontaneously, progresses on its own and concludes with the least amount of intervention necessary.

But hospital maternity care in the U.S. is typically not supportive of this process. More than half of women are induced into labor, or it is sped up with artificial hormones; the vast majority of women labor and push in the desultory flat-on-the-back or leaning-back position; and (perhaps not surprisingly) nearly one-third of women end up giving birth through major surgery, the caesarean section.

This has led to an epidemic of pre-term births in the United States. A 2006 survey showed that the majority of babies are now born before the spontaneous onset of labor, which leaves them more prone to breathing and feeding difficulties. Caesareans are also contributing to a rising maternal death rate, announced by the Centers for Disease Control and Prevention last year.

Which is why some women, such as those in the film *Lake* produced, choose to give birth somewhere other than a hospital. Their choice is backed by sound science. Studies of "low-risk" women in North America planning out-of-hospital births with midwives have found that 95% give birth vaginally with hardly any medical intervention. The largest and most rigorous [study](#) to date, published in the *British Medical Journal*, found that in North America, babies were born at home just as safely as in the hospital.

Organized medicine can't believe this. Dismissing the research evidence, the AMA resolution states that "the safest setting for labor, delivery and the immediate postpartum period is in the hospital" or an accredited birth center. In its [own statement](#) earlier this year, the American College of Ob/Gyns went even further, implying that women who choose home birth are selfish and irresponsible: "choosing to deliver a baby at home ... is to place the process of giving birth over the goal of having a healthy baby."

Compare that to this information in Britain's NHS-issued handout my friend was given at her first prenatal appointment: "There is no evidence to support the common assertion that home birth is a less safe option for women experiencing uncomplicated pregnancies." In a joint statement last year, the Royal College of Obstetricians and Gynecologists and the Royal College of Midwives said, "There is no reason why home birth should not be offered to women at low risk of complications, and it may confer considerable benefits for them and their families."

The AMA's statement calls for legislation that could be used against women who choose home birth, possibly resulting in criminal child-abuse or neglect charges. The group says this is about safety, but with no credible research to back up its claim, this argument falls flat. Women are simply caught in a turf war over the maternity market, and it would appear that the physicians' groups are perfectly willing to trample the modern medical ethic of patient autonomy -- grounded in our legal rights to self-determination, to liberty and to privacy -- in their grab for control.

If these groups were truly making maternal and child health a priority, they'd be reforming standard maternity care, not strong-arming women into it.

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