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Personal Perspectives

One Obstetrician's Look at a Polarizing Birth Arena

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ABSTRACT

Birth, whether at home or in the hospital, should involve shared decision making that empowers women to choose or decline the interventions that are best for the woman and her baby. Obstetricians and home birth midwives must share important information with their patients.

The battle of the birth experience between home and hospital birth appears to lie in allowing women versus the medical establishment control of the process of birth. Women may perceive that the medical establishment dictates the birthing process for the economic and/or power advantage. The reality is that most physicians believe that they advocate for the safety, comfort, and improved outcome of healthier babies and mothers. Because of these two divergent views, birth experiences can occur in a vacuum of rationale dialogue and leave both sides bitter.

There is ample evidence in the Netherlands and United Kingdom that low-risk women can safely give birth at home with experienced maternity care-providers and with proper transfer protocols in place. However, in the United States this rarely occurs. There are clear situations when a hospital birth is safer, and there are situations when hospital interventions can cause more harm than good. There are many situations in pregnancy and childbirth in which mother and fetus face conflicting risks. Pregnant women must decide when, or if, to intervene on behalf of themselves and their unborn child. Much of the intervention in the hospital is to prevent rare but devastating outcomes.

Home birth providers vary dramatically in terms of experience and knowledge about potential obstetrical complications. Hospital providers vary dramatically in terms of their patience and motivation to facilitate vaginal birth. In many situations, a transfer from home to hospital involves the brow beating of both parents and careprovider, with threats to involve child protective services and a certain cesarean. There are rare examples in the US where physicians have put women first and made the transfer from home to hospital nonjudgmental.

My experience in the U.S. reveals a very polarized situation with pregnant women stuck in the middle. Obstetricians are not permitted by liability insurance to be involved in a planned home birth so a woman sent for consultation must transfer care (or at least that is what is documented in the chart.)

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California law requires a licensed home birth provider to have hospital backup. This is a Catch 22 that is basically ignored by the Medical Board of California. A woman who transfers from home to hospital is labeled a "failed home birth," rather than transfer for pitocin or pain management or concern about fetal status.

Women and home birth midwives are harassed and belittled even when the transfer is appropriate. I don't blame women for not trusting their doctors. Most obstetricians are not trained to support normal birth. Rare complications are presented as certain outcomes to be avoided. However, my experience with midwives at home is that their behavior can also be equally unethical, withholding information or not believing that certain risk factors are valid and thus not informing women of potential risks. I actually heard a participant at a natural birth conference say something akin to "Having a baby is a natural process like having a bowel movement or coughing." Or another quote common on natural birth websites, "Don't heed the 'dead baby' card." No question, it is frequently used inappropriately to frighten women into unwanted interventions. But I have seen intrapartum deaths result from women not heeding the "dead baby card" when it was appropriately brought up by a concerned provider.
A woman on a natural birth blog summarizes the problem nicely:

> Here's the problem (and I've had 3 home births).
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> I tend to see the appearance of autonomy without much *actual* autonomy to speak of. It's just that instead of handing over power, knowledge and decision making to the medical authorities women in the natural birth crowd participate in a submission of will to natural birth authorities and more loosely to "nature" itself, trusting that if you just don't anger nature with Evil Interventions that nature will smile on you and everything will be fine. I only see lip service to the idea of a woman having "autonomy". . . .[1]

For example, I have taken care of several women planning home births who were not offered group B strep[2] screening or treatment. One woman's baby became so infected during labor, a cesarean was required because the baby was in distress, with fever, thick meconium, fetal tachycardia. This was an unnecessary cesarean that almost certainly could have been avoided. A lot of expert debate and mathematical calculations went into determining how best to avoid this terrible outcome when most babies would be unaffected. Ironically, the demand for empiric treatment came from devastated parents who rallied professionals to change the standard of care.

Just because a woman prefers a home birth does not mean that she wants to avoid all modern medical intervention. Birth, whether at home, or in the hospital, should involve shared decision making that empowers women to choose or decline the interventions that are best for the woman and her baby. Ethically, some argue that only the mother can make this choice, but as providers we are bound to first do no harm; and in the United States the government gives rights to the child as soon as it is a viable being. We, as obstetricians, are guilty of unnecessarily scaring women at times. But home birth midwives are equally guilty of not sharing important information that would help women make these choices that may ultimately harm another being that is too young to voice her or his choice in this world.

NOTES

1. *http://rixarixa.blogspot.com/2011/06/is-autonomy-just-for-natural-birth.html,* accessed 16 October 2012.

2. Group B streptococcus (strep) is a common bacteria that is part of the normal flora of many women's intestinal tract. It can come and go and cannot be reliably eradicated prior to giving birth. With no treatment, 2 to 3 percent of babies can become infected and develop meningitis that frequently leads to death and disability, while the majority are unaffected.