When I talk to women about the relatively recent history of childbirth—mothers strapped to hospital beds, doctors not washing their hands between vaginal exams and performing caesareans without anesthesia—their typical response is that we’re lucky to live in this day and age.

That is true. But the dangers and indignities in standard maternity care have begun to replace the old ones. Most notably, health care providers are pushing expectant mothers to have medical interventions they may not need or want, and may be better off without.
Unprecedented in scope, a new survey of women who gave birth in hospitals last year found that women’s wishes were not always respected and they were not necessarily asked permission before procedures.

The “Listening to Mothers II” report by Childbirth Connection, a New York group founded in 1918 to improve maternity care, revealed that 82 percent of women who experienced an episiotomy said they were not consulted first—and so a doctor went ahead, without warning, and snipped the opening of the birth canal to make it wider. Of the women who wanted a vaginal birth after having had a caesarean, 56 percent said a doctor denied them that option. One out of every 5 women polled who were induced said they felt pressured to have their labor artificially started. And 1 out of every 4 who had a caesarean said they felt squeezed to have the surgery.

This is all rather alarming given that: unnecessary caesareans can be more dangerous than vaginal births for mother and baby; episiotomies have long been known to cause more perineal damage than a small natural tear, although the incision is often easier for doctors to repair; and Pitocin can overstimulate the uterus. Essentially, many of these routine procedures can complicate birth further, introducing dangers or making the experience more difficult for mother and child.

The irony is that women today are more in control of their reproductive lives than ever, choosing to delay pregnancy until the twilight of their fertile years, writing birth plans telling the doctor how they would like labor to proceed, inviting friends to witness their babies being born, and rejecting hospital johnnies in favor of their own Natori nightgowns. But such decisions can give some mothers a false sense of empowerment and, arguably, make them more vulnerable during birth.

It is also interesting to note that although society and the media have been fixated on the idea of mothers (à la Britney Spears) requesting caesareans out of convenience rather than medical need, only one woman surveyed, representing a fraction of 1 percent, said she asked for and received a caesarean just because she wanted it. Meanwhile, the story that has not received enough attention is that women are being subjected to procedures they never expected, and perhaps should not have had.
Of course, there’s no way to know just how many medical interventions chronicled in the survey were truly necessary, but 27 countries—including Britain, Australia, Japan, and Slovakia—have lower maternal mortality rates than America, according to the World Health Organization. Many of these countries also have higher midwifery rates and lower caesarean rates. More than 40 countries also have lower infant mortality rates than America, a country that spends twice as much or more per capita on health care than any other industrialized nation.

When it comes to birth, sometimes less is more. And so, instead of automatically strapping on monitors to detect whether the baby is in distress (despite that these machines have not reduced cerebral palsy rates since being invented decades ago), connecting IVs (which can limit ambulation that helps the baby move through the birth canal), and casually reaching for the scalpel, health care providers should—at the least—ask women first.

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For Expectant Women, It's Not Too Much To Ask

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