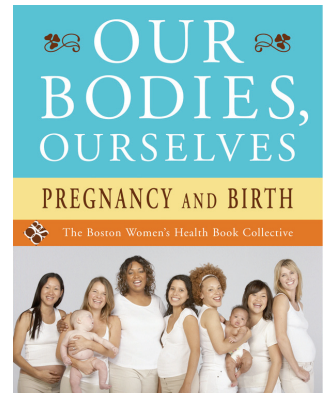




OUR BODIES OURSELVES

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The latest publication from Our Bodies Ourselves: *OUR BODIES, OURSELVES: PREGNANCY AND BIRTH*

A new forum for discussing how to address current crises in maternity care

Maternity care is in crisis in the United States:

- The cesarean section rate has risen steadily since the turn of the century (now at about 1 in 3 births, with many hospitals reporting rates of more than 40%)
- Despite the documented safety of vaginal births after previous cesarean sections (VBACs), the rate of VBACs continues to drop, as hospitals increasingly deny women this option. The rate has fallen about 70% since 1996.
- In 2007, for the first time in many years the Centers for Disease Control reported an increase in maternal mortality rates. The U.S. also has one of the highest infant mortality rates among industrialized countries.
- The enormous amount of misinformation in the media and on the internet has created a poorly-informed public. In addition, some obstetricians who fail to keep up with the latest research misleadingly suggest to women that many routine medical interventions are completely without risks. The most extreme example of this is advice given to women indicating that elective cesarean section (major abdominal surgery with no medical indication) is as safe as an attempted vaginal birth (which might or might not ultimately require a cesarean procedure to be performed).
- Reimbursement mechanisms often offer perverse incentives that promote surgical deliveries rather than less medicalized approaches to supporting women in their birthing experiences. Certain interventions – which can be lifesaving if needed – also can cause harm. Thus, routine use is inadvisable for such procedures as inductions, continuous electronic fetal monitoring, episiotomies, epidurals, and cesarean sections.
- Most communities in the U.S. fail to promote a midwifery model of care despite powerful evidence in numerous studies that underscore the benefits of midwifery care and the heightened satisfaction of women who use midwives. Even in hospitals where midwives are available, women are usually not informed about their services. In this regard, the U.S. stands in stark contrast to other industrialized countries that promote a midwifery model of

care and report far better statistics among groups of women who are classified as at “low risk” during their pregnancies and early labor.

What can we do to improve this situation?

- Help to create a “climate of confidence” rather than a “climate of doubt.” The latter has been fostered by both mainstream media portrayals of pregnancy and birth, as well as some caregivers. Reversing this trend will take the collaboration of many groups and individuals to insist that more realistic depictions of birth reach a wider audience.
- Promote access to midwifery care in communities across the country and insist that “business as usual” must stop when it comes to offering women the full range of safe and satisfying birthing options. This will require different economic incentives within our maternity care system as well as an expansion of midwifery training programs to produce the number of skilled midwives that will be needed.
- Insist on access to hospital-based midwifery services and stop the misrepresentation of the scientific literature on the safety of out-of-hospital birth. Given the growing crisis of antibiotic-resistant infections that plague hospitals everywhere, as well as the desire to avoid unnecessary medical interventions, a growing number of parents are seeking safe out-of-hospital birthing options, but often find them non-existent. These include both free-standing birth centers as well as home birth options with good medical/hospital back-up.
- Expand access to doulas and other sources of labor support, so that women can minimize the time they spend in the hospital setting, even if they choose a hospital-based birth.

Birth is ultimately an unpredictable experience that may not unfold as we dream and hope. No setting –whether the hospital, birth center, or home – can guarantee a positive outcome. It helps to remain flexible and to recognize that our caregivers do the best they can, that even skilled practitioners confront situations that are beyond the means of medicine to resolve. No woman should ever see her birth experience as a personal failure.

That said, if a woman is healthy and has no medical complications that call for a “high-risk” approach to her care during pregnancy, labor, and birth, she can increase her chances of having a safe and satisfying vaginal birth by:

- *Finding a doctor or midwife with low rates of intervention*
- *Choosing a birth setting with low overall rates of intervention*
- *Considering her preferences for birth and discussing them with her caregivers*
- *Arranging for continuous labor support from someone with experience*
- *Exploring options for pain relief*
- *Avoiding continuous electronic fetal monitoring when possible*
- *Avoiding routine use of other medical interventions when possible*

**FOR MORE INFORMATION, SEE WWW.OURBODIESOURSELVES.ORG
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