The Thinking Woman’s Guide to a Better Birth

Section I: Read Chapter 1 The Cesarean Epidemic

1. Using the internet, determine what the cesarean rate is in your state. If you are not from the U.S. determine what the national average is for your nation and/or province. Is it higher or lower than the U.S. national average (32.8%)? What do you think effects these statistics?

The cesarean rate in Ontario, Canada shows to be 28%, which is a slight difference, but still only 4.8% less than the U.S. national average. The national average for the entirety of Canada is 27%. In the Toronto Star, an article was posted which states that “caesareans are the most frequent surgeries performed on Canadian women” (Dr. George Arnold). While researching about caesareans in Ontario, I noted that many resources said they believe the rates of cesarean have increased due to “older mothers, rising obesity rates, technology and rear of malpractice suits” (Dr. George Arnold). Through the knowledge we have obtained through class and this book, I recognize these reasons aren’t the genuine reason for increased cesareans. I think it all comes down to the lack of education about C-sections and mothers really don’t understand the choices they are making and their effects. Technology has become so efficient that it is easier for the doctors to maintain. Cesareans have also become a norm and so frequent that most people simply just believe they are a “normal” thing to do. It is notable that modern medicine and how the doctors are trained could have a lot to do with the rising rates of cesarean in Ontario, as well as in the U.S. Doctors and surgeons are commonly trained for emergency responses and taught from a place that instills fear of what the normal process is and how to treat it with intervention. They simply may have less teaching, knowledge and instruction on the normalcy of natural birth, and increased training on the problems of birth. Doctors carry a characteristic of knowledge and safety, so clients simply put their trust in their input. There is now a normalcy of fear towards vaginal birth, rather than a surgical process. I think that women believe that a cesarean is their “best option” because of the normalcy, frequency and efficiency of it. Modern medicine has a lot to do with rising C-section rates.

2. One of the highest indicators for cesarean is that doctors are taught, or believe, that birth is a disaster waiting to happen, the process is broken and only through surgery can a woman be saved. a.) Would you agree or disagree with this statement? b.) What are the spiritual implications and parallels we can see here? c.) You are teaching a childbirth education class to a group of first time moms. What do they need to know about cesareans and how do you educate them in a way that it is avoided?

   a) I would definitely disagree with the idea that “birth is a disaster waiting to happen and only through surgery can a woman be saved”. It is an unfortunate reality that what we learn and how we learn can be so affected by the people that we are informed by. Doctors are taught by professionals, and in universities there an abundance of preparation for those becoming equipped to be doctors. Those who are learning often only listen to what they are being taught, rather than forming their own opinions, or referring to their values. A doctors role is commonly to act as a “hero” and “save” the person whom is “suffering”. Regarding childbirth, doctors are trained from a lens that takes away from the normalcy of natural birth and how it is positive to intervene. They are not educated on the facts and abilities of a woman’s body and God’s idea of natural birth. Rather, they learn that surgeries are a safety net for not only doctors themselves, but is a great option for the mothers as well.
b) Through this we can see a variety of spiritual parallels. As doctors are taught or believe that the natural process of birth is broken, we can clearly take away the fact that we have lost God’s heart for birth and how he has created a woman’s body to be able to undergo the function of birth. We see that throughout this education, one has lost the normalcy of birth and how it has been created as a natural process. Throughout this type of education, misconceptions have been introduced about this process which has resulted in fear to take hold of what is meant to occur, replacing it with surgical processes. Through the surgical process, we understand that there is a loss of intimacy between our bodies as well as relationship with the baby. The enemy has been able to create a gap through education that has made large impacts through fear of childbirth. This reality needs to be restored through proper education that puts emphasis on how the body was made and the way God created it to function in order to restore not only the wisdom of the birth process but the intimacy with body and baby. Perspective changes everything, and many times what people are taught is flawed. Education needs to be provided in order defamiliarize the normalcy of birth and how it is intended to be.

c) If I was teaching a class of first time mothers about cesareans, I believe they would need to be educated on the ability of their body and the idea that birth is normal, and women’s bodies were created for it. I would want to educate the class in a way that allows fear to be displaced. Women need to be aware not only of the cesarean statistics, but of the implications of cesarean with relationship with baby and post-pregnancy. I would want to educate them through a voice of love and encouragement, instilling them with courage and belief about the truth of the ability of their body. I think many times, women will forget the statistics and facts they have learned about cesarean, but will hold the truth about their ability as a woman if fear is put aside.

3. According to statistics, cesareans cause more deaths than vaginal birth. Why then, do you believe, a.) the cesarean rate has not only not decreased, but has incrementally increased, b.) women have not refused cesareans, c.) doctors defend it over vaginal birth, d.) the rate is growing worldwide?

a) Despite the statistic that cesareans cause more deaths than vaginal birth, I believe that women are simply uneducated and unaware that this is occurring. There is a stigma and fear that is created over vaginal birth, which has resulted in cesareans becoming the norm. I also believe they have increased because women don’t want to feel pain and allow the use of interventions, which in turn leads to more and more intervention, with no ability to push, leading to a cesarean. In many countries, a women must have their baby within 24 hours of an epidural or they go into a cesarean. Due to intervention, women have difficulty pushing their baby out, which leads to increased cesareans.

b) I think many women have not refused cesareans because they are generally being told that it is for the benefit of their baby, or it is displayed as their best option. Women aren’t educated in the facts of cesarean.

c) I believe that doctors defend cesarean over vaginal birth because they have been taught or trained to believe cesarean is the best way, that natural child birth is flawed. They have also been trained to be efficient, and a cesarean is much more controllable than a natural birth. It also appears that doctors are trained to respond
the emergency situations and in such a way that they believe intervention is the only way to assist. Cesarean is also a safety net for them if something were to be altered within the process of natural childbirth.

d) I believe the cesarean rate is growing worldwide because there has been a shift of normalcy. From midwife to doctors and increased intervention and technology improvements. There has been a switch to believing intervention is the correct way to do things because it is being done so often. I believe that women continue to be undereducated, as well as have allowed fear of pain to overtake their minds. People don’t want to experience pain, so they will look at ways to avoid it.

4. Watch the video An Unnecessary Cut located in Module One Week 3 of MEMBER RESOURCES. Do you agree with the statement “it is how you sell the concept”? a.) Do you think this statement is only true for VBAC? b.) What does this say about the actually need for cesarean if “selling the concept” can make such a difference in outcome? How we approach the concept of birth with with women often directly effects its outcome. c.) Explain how this increases the importance of an educator in: pregnancy, labor, birth and breastfeeding.

I do agree with the statement, “it is how you sell the concept” from the video.

a) No, I do not believe that this statement is only true for VBAC. I believe this statement is true for absolutely anything that someone is trying to “sell” whether that is a service, product, or idea. Selling a concept is similar to making somebody believe something, whether you yourself believe it is true or not. You can know all of the benefits and disadvantages of a product and only announce the benefits. Selling the concept usually appears to be a one-sided story or opinion.

b) This goes to show that the actual need for cesarean is not prevalent, rather just introduced to the woman in a productive, convincing way.

c) This increases the importance of an educator in pregnancy, labor, birth and breastfeeding, because the educator has the knowledge and wisdom of both perspectives. An educator looks to lay out all of the information so that a woman can make her own informed decisions. An educator has the ability to give women and their partner the knowledge they need in order to make decisions on their own that they will be proud of. When people become knowledgable and have a foundation of information, they will be less likely to be “sold” to other concepts.

Part II: Read Chapter 3 Induction of Labor

1. According to statistics, 90% of all women will have some type of induction. What do the women in your childbirth class a.) need to know about inductions, b.) what is the most common form of induction, c.) how does one intervention lead to the next, d.) what are the risk vs. benefit of each type of induction offered, e.) how do we as educators change these statistical rates or can we?

a) Women need to know that our bodies are meant to go into labor when the baby is ready. Inductions are unnecessary in most births. They need to know that inductions are a form of intervention that lead to other interventions.

b) The most common form of induction is the use of Pitocin which is the synthetic form of oxytocin. This leads to frequent, stronger, intense contractions.
c) One intervention leads to the next because each intervention seems to have a complication of its own. After membranes are ruptured, it is a sure bet that pain will follow. Pitocin is commonly given to stimulate contractions in the uterine muscles, which is used progress labor. This sounds great, but in reality the contractions are more painful due to the fact they are being stimulated or forced through synthetic resources, rather than naturally allowed. These contractions then cause an abundance of pain for the mother, whom then wants another form of intervention to assist with the pain. This intervention is commonly an epidural, which immobilizes the bottom half of the body. This intervention makes it difficult for the woman to push because of the lack of feeling she has. With the inability to push, cesarean becomes a common occurrence.

d) Other forms of induction include; “breaking the water”, otherwise known as rupturing the membrane (AROM), stripping the membrane, mechanical dilators and Cytotec. The cons of rupturing the membrane can cause infection, can be painful, puts stress on mother and baby, and can compress the umbilical cord. Stripping the membrane is beneficial because it reduces the need for piton prior to labor, but negatively it can cause infection. The pros of mechanical dilators include their cost, but the con is that it increases infection risk. The pros of Cytotec include cost, but the cons may include fetal heart tone variations, uterine hyper stimulation and uterine rupture.

e) As educators it is not our responsibility to change the rates, but it is our purpose to educate, teach and inform people about what we have knowledge about so they themselves have the ability to make informed decisions during their birth. We want women to understand every aspect of knowledge and wisdom that we carry so they can decide for themselves their view about intervention.

Section III: Read Chapter 8 Epidurals and Narcotics

1. It is important here to realize birth is controversial, and this is just the first of many topics where you may disagree with your classmates and might commonly disagree with the women you teach in childbirth classes. What is right and what is wrong is a personal choice. It is your job as the childbirth educator to inform them of all aspects of interventions as well the risk vs. the benefit, and it will be their job to make the decision though informed choice and consent. a.) Do you agree or disagree that epidurals and narcotics are a gift to women and that we would be crazy to choose to go through birth without them? b.) If you agree, explain why. c.) If you disagree, explain why.

a) I do not agree that epidurals and narcotics are a gift to women and that we would be crazy to choose to go through birth without them. I believe epidurals and narcotics have been given so much honour and praise because of how people believe they function, that truthfully they do not deserve. I believe that minimal times, narcotics may be necessary in certain situations. The knowledge and wisdom of doctors in these areas becomes valuable in emergency situations that may arise, but for the common pregnancy, epidurals and narcotics are offered like candy. They are like giving a gift to somebody you really don’t care about, but wanted to bring something to the table so you didn’t look bad. Epidurals and narcotics make doctors look great, until we understand the truth behind the package. I think women choosing to choose
to give birth without them understand the function of what their body is made for and that they are not crazy.

Section IV: Read Chapter 12 Obstetricians, Midwives and Family Practitioners
1. Explain the difference in philosophy of care between an OB and a midwife.
The difference in philosophy of care between an OB and a midwife varies to a great extent due to the different perspectives and paradigms that each has on birth. Many OB’s philosophy of care has little to do with the will of the woman, but of the strength of themselves, the efficiency and want to get the baby out safely. Their philosophy of care is based on what they themselves can do to get the baby out. Following the birth there is limited care. The philosophy of care of a midwife is directed at the mother and instilling in her what she as the mother is able to do. She is also there to genuinely serve the mother. Midwives only want to act when they need to act, they want the mother to take hold of her own birth. The midwife cares to educate and inform the mother everything that she knows so she can make informed decisions. The midwife’s philosophy is to care for the women and advocate for what the woman desires. A midwife’s philosophy is relationship based and she is there for the woman at all times.

2. Explain the risk vs. benefits of an OB.
The risks an OB include losing your voice throughout your pregnancy as they consistently offer their opinion, multiple OB doctors which results in a lack of relationship, increased cesarean rates and invasive medical tests.
The benefits of an OB include their wealth of knowledge and their access to medications and interventions if needed. Being in a hospital with a doctor that is specially educated is comforting to many people.

3. Explain the limitations of an OB.
The limitations of an OB include the time they are able to spend with patients and their inability to understand natural birth. Through the lens of fear that they have learned from they have been taught to believe and think a certain way about vaginal and natural birth. OBs have limited their knowledge to what they have been taught, but lost their knowledge of what the human body is intended to do.

4. Explain the risk vs. benefit of a midwife.
The risks of a midwife include their lack of medical profession and access, and their limited transportation at a home or birthing centre in the case of an emergency. The benefits of a midwife include decreased stats of cesarean, relationship based, trustworthy, knowledgable about birth, willing to educate and refer clients, are not in their position for their own sake but in order to serve other women. Midwives take the time to get to know and see what the woman individually wants her birth to look like, rather than writing her story for her.

5. Explain the limitations of a midwife.
Currently, I believe the limitations of a midwife include their social status and how a majority of people look at them, including doctors and peers, their limited access to the hospital, as well as limited access in specific states and limited education.
Section V: Read Chapter 13 The Place of Birth

1. 99% of all women will choose to give birth in the hospital. Why do you believe this is true?

Birthing in the hospital is what we see as normal in our day and age. I believe that many women choose to deliver in the hospital because they are unaware of their other options, such as home birth or birthing centre. In many areas midwives have access to the hospital, such as Ontario, which leads me to think that women believe that there is a safety net and feeling of comfort within the hospital. Women believe that in the hospital, if something were to go wrong their is emergency assistance down the hall.

2. Do you agree or disagree with this statement: birth in a hospital is the safer, better option? Why, why not or are you undecided?

I would have to admit that I am undecided whether “birth in a hospital is the safer, better option”. I love the idea of a home birth, but it is known that there can be complications with birth. There are unforeseen circumstances that can arise, which medical professionals would be helpful towards. Although I personally would like a home birth, if I knew I was at risk for something to happen, I would potentially choose to have a midwife, but deliver within the hospital. In Ontario, midwives have access to the hospital, and have the ability to use birthing tubs and any form of birth that they would like with their clients. Their are no interruptions from doctors, unless the midwife approaches them.

3. Explain the three options for place of birth (hospital, home and birth center) and include the pros and cons of each choice.

Hospital:
Pros— The pros that are prevalent when choosing the hospital as a place of birth is the access to doctors and emergency procedures if need be and there is a feeling of safety by many mothers.
Cons— The cons of having the hospital as a birth place are higher rates of intervention (induction and cesarean), long term cons of post traumatic experiences, less advocacy for how you personally want your birth, insecurity about noise and loud labor, multiple doctors present (shift changes), as well as more invasive procedures.

Home:
Pros— The pros of choosing to give birth at home include; being in the comfort of a safe place, laboring how you want to labor (loud, quiet, with music, walking around, etc), non-invasive procedures, no pressure with time, limited check-ups, free to use positions of choice, less chance of necessary cesarean and no interruptions.
Cons— The consequence to choosing to give birth at home may include the potential distance from the hospital.

Birth Centre:
Pros— The pros of choosing to give birth at a birthing centre are assistance and access to professionals, labouring how you want (different atmosphere than hospital), easy transfer to hospital if need be, comforting towards patients and advocacy.
Cons— The consequences of choosing to give birth at a birthing centre include multiple births occurring at once, not having access to the midwife of your choice.