Grace Warnecke
Professor LaMattery
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Birthing Rites

A long scream pushes through her gritting teeth as mother-to-be tries to use her stomach muscles to push her baby through the birth canal. Her doctor, conveniently perched at the end of the hospital bed, gently encourages her to push harder. Pushing her feet against the stirrups that lock in her legs and the rest of her body, her pelvis points upward towards the doctor and a team of nurses… the epidural sets in. She finds the pushing almost useless as she can not feel her own body, let alone the baby's. Her moans are lost in the symphony of beeping, shuffling, and shouting of doctor's orders in the crowded hospital room. The doctor decides that it is time to go into the emergency room for an emergency cesarean section. The pitocin, a drug used to induce labor and speed along contractions, has cut blood and oxygen flow to the baby (The Business of Being Born, Epstein). The doctor, using a soothing voice, says to his patient "Mommy, this is in the best interest of the baby". She blindly agrees as the anesthesiologist prepares her for surgery, and puts her under. Hours later, still under the haze of multiple drugs, mother and child struggle to effectively breastfeed as they both recover from major surgery.

This scenario has become a common way in which women give birth in our culture. Women are unique in the way that only they are capable of bringing a baby into the world. Childbirth is a time when a woman uses all of her feminine strength to perform a feat nothing short of a miracle. Throughout pregnancy, the mother and the baby's bodies act by expanding and stretching and through the release of very specific hormones. Birth is a sacred ritual designed by nature to create and to seal a bond between a mother and her baby. This beautiful experience is being sabotaged and being taken from women in an

effort to adhere to the agenda of the medical world. In our culture women have become invisible in medical births, often disappearing behind the needs of doctors and hospitals.

Before the development of medical birthing, which has become a vast and expanding industry, the original assistant during the birthing process was the midwife. The birth was seen as a private event, and the modesty of the mother was to be preserved by keeping men far from birthing sites. When the development of medical procedures came into practice, in an effort to assist difficult deliveries, the presence of doctors became more common. These new doctors were creating an entirely new field which demanded a new title. "The French, and later the English, used accoucher, a derivation of the verb 'to give birth'" to classify this emerging practice (Cassidy,131). The credit and rites to the title of one who gives birth is subtly shifted from the woman actually giving birth to the doctor assisting her. A more appropriate and final title was decided on when, " an English doctor, in 1828, suggested 'obstetrician', the Latin root of which means 'to stand before' or, as with the word obstruction, 'in the way'" (131). The role and title of the obstetrician has become more defined, yet the usurping of power that was alluded to in early titles still lingers. During a birth, obstetricians monitor and guide a woman in labor. Women were invalidated in their role as child bearer. As soon as doctors began to tend to women giving birth, they credited themselves with giving birth, becoming the creator, and bringing a human being into the light (149). Doctors began to take more and more control of each birth that they assisted. By moving births into hospitals, women are unknowingly losing control of their very human experience into the hands of the medical world. Once she is admitted, doctors are given the role to decide the fate of what happens throughout the delivery.

With the doctor established as the key participant, the model for birth has been designed with his or her convenience as a priority. A baby has a long journey from the womb through the vagina of a mother that requires the mobility of the mother to aid the baby in making her necessary twists and movement as she progresses through the birth canal. As logic and gravity suggest, a baby moving through the birth canal and vagina of a mother would benefit from the mother being in an up right

position. This would allow the pull of gravity to gently pull the baby as the mother uses her muscles to guide the baby out. Yet images of women giving birth while standing or squatting are rare, if at all existent. Ambroise Pare, a French doctor in the 1500's, was famous for teaching doctors to have women deliver lying down- a position that made his work easier- rather than on a birth stool, which made the woman's work easier (132). This practice of having women positioned on their backs has carried through the centuries to hospitals today.

Lithotomy, the position seen in hospitals with a woman on her back with knees bent and feet held up by stirrups, is the classic image of a woman giving birth in a hospital. Though lithotomy may be ideal for doctors to see and to be within reach of the baby, the position creates many obstacles for the woman, including: the pelvic outlet is narrowed, which places pressure on the tailbone and restricts the mother's movement which places undue stress on the perineum and increases the risk of tearing. This position also works against gravity which increases discomfort and lengthens the pushing stage, consequently increasing the risk of fetal malpresentation and effectively forcing the mother to push up hill against gravity (Brier 1). While a woman is already faced with the immense difficulty of delivering a baby, doctors overtly position women to suit their own needs. As this position establishes the norm for child birth, doctors comforts are being prioritized at the cost of unnecessary complications for women.

Many tools have been used in medical births, that are designed with the doctors needs in mind. Women in labor have been subjected to use of a number of tools throughout history that have resembled everything from shoe horns to large hooks and crowbars. Tools were mostly used to help doctors with very difficult births. In the 1800's, crochets, a V shaped tool designed for craniotomies, were often used although it was dangerous to the mother (Cassidy, 163). A report in 1829 said that half of the mothers whose pregnancies ended with a craniotomy died (163). Though birthing tools have evolved, "one can see a neat progression of how the instruments were increasingly designed to make the surgeons job easier" (163). Today, doctors continue to use questionable tools. The Food and Drug Administration released a Public Health Advisory about the use of vacuum assisted delivery devices stating "we are

concerned that some health care professionals who use vacuum assisted delivery devices, or those who care for these infants following delivery, may not be aware that the device may produce life-threatening complications ("Public Health Advisory"). While tools can help the delivery of a child in some cases, doctors turn to modern tools and delivery devices to ease the difficulty of their work, despite risks to the woman upon whom they are using these tools. With doctors in control of medical births, women's safety is often compromised for the relative ease of the doctor.

Another tool that doctors are falling back upon in growing numbers is the invasive procedure of the cesarean section, or C-section. The caesarean section gives ultimate control to the doctor. All the participation and involvement is taken away from the woman as she is put under anesthesia and the doctor solely executes the delivery. Caesarean sections are on the rise in our culture despite the many consequences and risks involved. Among the risks, women run five to seven times the risk of death with caesarean section as compared to vaginal birth. Other risks include: infection, hemorrhage, injury to other organs, and psychological complications ("The Risks of Cesarean Section Delivery to Mother and Baby." 1). There is an underling potential for financial damage as well when going through C-sections. Cesarean sections can cost up to twice as much as a vaginal birth ("The Risks of Cesarean" 1). Despite these reasons, and numerable of others, the number of women having this surgery has jumped 23.8% in the last 20 years ("The Risks of Cesarean" 1)

This increase may be due to a number of factors. One factor may be the shortened time limit that women are allowed to give birth when admitted into the hospital. The time limit on labor has been reduced from 36 hours in the 1950s, to 24 hours in the 1960s, and finally to 12 hours, which was established in the 1970s (Wagner, 2). If a woman has not given birth in this ever-shrinking amount of time, the doctor will intervene and often suggest an emergency c-section. With the pressure of a clock ticking down the time allowed for a woman to deliver naturally, women are likely to struggle through labor with much higher stress. This also limits the woman's right to take breaks from pushing, as well as to recharge her body and mind from the strain of labor. Every woman is different, and consequently so

are their respective birthing processes; however, with this uniform time restriction, some women are not given a fair chance to synchronize their bodies with their baby's to have a unique birthing experience.

Another factor in the rise of doctor controlled births are the financial benefits for doctors. In her article On the Money Trail, Kristina Jovanovski explains that "there isn't a big difference in the amount of money doctors are being paid to perform C-sections versus assisting vaginal deliveries" ("On the Money Trail" 1). However, "a vaginal delivery can take 24 hours or more, whereas a C-section normally takes about 20 to 30 minutes. Less time means more procedures can be done within a shift, which means more money for doctors" ("On the Money Trail" 2). Although the rates of C-sections are slightly higher, the ability to perform more in a work day and be paid per delivery is a big incentive for doctors to encourage their patients to choose this method of child birth. As money becomes the impetus behind the doctors decisions, a woman's best interest is lost.

A large reason why a doctor might move towards a C-section is in an effort to protect their finances. Doctors are often charged with malpractice suits, and have become defensive in their thinking when making medical decisions. This becomes a very grey issue when patients have developed the habit of diagnosing themselves and demanding treatments from doctors. "Obstetricians encounter a high rate of lawsuits. When they don't feel like they've pleased their patients, such as by refusing to do an elective C-section, they feel nervous because their patient isn't happy…If a doctor doesn't perform a C-section, he or she could be sued for not preventing a bad outcome" ("On The Money Trail" 2). Doctors are making decision from a place of fear and not from a place with the best interest of the mother and child in mind. If any minor problem arises during labor, a doctor will be less likely to allow the mother's body to correct itself. With pressure stemming from malpractice suits, and perhaps keeping the integrity of their own name, doctors again are putting their own best interest first when they reach for the scalpel to correct the problem. Doctors cannot risk trusting the body of the mother to work through the difficulties of labor, and are likely to take matters into their own hands by performing a C-section. This process more likely ensures a satisfactory outcome, and protects themselves from law suits.

Many doctors do not try too hard to get the modern woman to agree to these extreme measures while giving birth. Our culture has ingrained into our minds that the experience of birth will be painful and horrifying. “Women expect to have a traumatic experiences [in birth]; that’s why they are all having epidurals”(qtd. In Epstein). If a woman goes into her birth experience thinking only of the agony that she is about to endure, she is more likely to agree to any means necessary, e.g. epidurals or surgery, in an effort to avoid the experience that will be the utmost painful. Scare tactics have become a sure means for doctors to maintain control of the birth. Doctors stress all possibilities of pain or harm to the baby to patients. “They came to think of every delivery as a potential disaster and that is was best to prepare each woman for the worst eventualities. [This] increased their control over patients during labor and delivery” (Wertz,136). Since doctors are able to rely on society to instill the fear of labor into women, he or she could merely suggest certain dangers and solutions, and women would readily agree.

By controlling birth procedures, doctors often interrupt the very important bonding that comes immediately after birth for mother and child. During labor and birth, the pressure of the baby against the cervix and then against tissues in the pelvic floor stimulates oxytocin and contractions (“Childbirth Connections“). Though there are many who would argue that these hormones are not essential in maternal bonding, many believe that without the release of these hormones, and the ability of the mother to hold her child immediately after birth, true bonding will be lost. Dr. Michel Odent describes:

An example of animal experience, in general, if you disturb the hormonal balance of a female giving birth, it’s simple, the mother does not take care of the baby. If a monkey gives birth by caesarean section, the monkey is not interested in her baby. What about our civilization? What about the future of humanity if most women have babies without this cocktail of love hormones. Can we survive without love? (qtd. In Epstein)

A mother and child could miss this important establishment of bonding love if they are denied of this time due to the imposition of medical practices. Any interruption to the female body to naturally

delivering her child could inhibit the maternal instincts that become established on a unadulterated foundation. With a weak foundation, the mother-child bond is due to suffer later in the relationship and throughout the development of the child. Missing this first human bonding experience with the mother, which establishes foundation of all bonds there after, could be contributing to our societies struggle with an increasing alienation and sense of individualism as well as a decrease in the ability to experience human connection and interpersonal relationships. This invisibility of women in medical births is leading to the inability to experience human connection and causing a wide disconnect in members of modern society.

These problems can be corrected by bringing a woman's visibility to the forefront of childbirth and turning back to the nature of birth. If the medical field can create an environment that portrays a woman's body as a powerful tool, as opposed to a potential hazard, then women will be given back the power of their own birthing experience. Allowing women to have access to all information regarding birthing options will begin to put the control of the birth back into the hands of women. Doctors should be required to thoroughly discuss procedures, including home births, and guide the woman towards finding the best options for her based on her personal needs and desired experience. Woman have lost hold of their most ingrained and human rite of childbirth in the medical world as doctors have invaded this feminine realm, taking it over with psychological manipulation and barbaric tools to suite their need to intervene. Women have the right to their ideal birth experience and should take hold of this as their birthright- the ability to use the body for this truly awesome act.

Works Cited

Brier, Catherine. “The Evil Lithotomy Position for Childbirth.” Giving Birth Naturally 2007 http://www.givingbirthnaturally.com/

Burlington, Bruce. “Public Health Advisory: Need for CAUTION When Using Vacuum Assisted Delivery Devices.” U.S. Food and Drug Administration. 1998. 21May. 1998 http://www.fda.gov/cdrh/fetal598.html

Cassidy, Tina. Birth: the Surprising History of How We are Born New York,NY Grove Press, 2006

Davis-Floyd, Robbie E. Birth as an American Rite of Passage London, England: University of California Press, 1992

The Business of Being Born. Dir. Abby Epstein. Perf. Abby Epstein, Ricki Lake BarranaCa Productions/Amdle Films,2007-2008

Jovanovski, Kristina. “On The Money Trail.” New Media Journalism Spring 2007 Spring 2007 http://www.fims.uwo.ca/NewMedia2007/page29842545.aspx.

“Hormones Driving Labor and Birth.” Childbirth Connections. 16 Jan.2007 http://www.childbirthconnection.org/article.asp?ck=10184

“The Risks of Cesarean Delivery to Mother and Baby.” The Coalition for Improving Maternity Services. 2003 http://www.motherfriendly.org/Downloads/csec-fact-sheet.pdf