

Stop! I Want to Get Off the Conveyor Belt of Birth

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Editor's note: The following article has been written by Tanya Strusberg, Fellow of the Association of Certified Childbirth Educators and reprinted with permission from Tanya's blog: <http://birthwellbirthright.com>

You know when a series of seemingly unrelated events coincide, and then you start to realise that in fact they aren't unrelated at all? Yeah, well that happened to me recently.

I was scrolling through Facebook late one night in bed (as I often do despite knowing it does terrible things to the serotonin levels in my brain) and I saw an **article** that a friend of mine from Norway posted. It was in Norwegian (of which I know not a single word), but thanks to Google Translate, I was able to get the overall gist of the article. The title of the article is "Det store barselsviket" which Google tells me means, "The Great Maternity Ward". What really caught my eye though was the brilliant cartoon that accompanied the article: <https://www.bt.no/btmeninger/kommentar/i/J1REp6/-Det-store-barselsviket>

Drawn by leading Norwegian artist, illustrator, writer and musician Marvin Halleraker (<http://www.marvin.no/>), I realised that all was not rosy in Scandinavian maternity care. I think that many of us assume that women giving birth in places like Norway, Sweden as well as other European countries like Holland have the Rolls Royce of maternity care systems. Well, apparently not.

A couple of days later, I was teaching a Lamaze class and during a break one of the dads came up to me to say that he

and his partner had recently gone on a tour of their hospital. "It was really good to see the birth suite and everything," he began. "But, umm, it's a bit of a baby factory isn't it?"

I laughed (although not too much) and agreed with him. "Good observation. It can definitely be a bit of a conveyor belt," I replied as Halleraker's dystopian illustration popped into my brain.

The reality is that most women giving birth today in hospitals (which accounts for almost 99% of us), will encounter firsthand the "conveyor belt system of maternity care". One of Australia's leading and most respected birth educators and commentators, Rhea Dempsey writes in her excellent book, *Birth With Confidence: Savvy Choices for Normal Birth* (2013), that based on her research and over 40 years of experience, less than five per cent of Australian women will achieve a totally normal, physiological birth. We tend to talk about birth in very binary terms – "natural" or "Caesarean". First of all, I believe that ALL birth is natural in the sense that no woman should ever be made to feel less than whole, less than a total rock star because her baby didn't emerge from her vagina. But we also have to be careful not to describe all vaginal birth as "natural". A woman that is induced, monitored continuously, subjected to regular vaginal checks, given an epidural, has her labour augmented with Syntocinon and then experiences an instrumental delivery as her baby is extracted with a ventouse did not, I repeat, not have a "natural" birth. Was her baby born vaginally? Yes. Did she experience a normal, physiological birth? Hell no.

Recently, I went along to a professional development workshop. As a private childbirth educator, I was a bit of an anomaly in the group, which primarily consisted of perinatal



<https://www.bt.no/btmeninger/kommentar/i/J1REp6/-Det-store-barselsviket>

mental health professionals; psychologists, psychiatrists, as well as a few midwives and maternal and child health nurses. The topic of the presentation was perinatal anxiety and depression, and specifically addressed how maternity care providers can improve screening, identifying and ultimately referring women on to perinatal mental health professionals for early intervention and treatment. It was an excellent presentation on an incredibly important topic. But... (did you sense there was a "but" coming?)

But... when it came to question time at the end, I was so disappointed to see once again, health professionals dismissing and downplaying the critical role that our fragmented, medicalised and highly interventionist maternity system plays in terms of being a contributing factor for perinatal anxiety and depression.

Someone in the audience raised the topic of birth trauma. In this group's collective opinion, birth trauma was almost universally agreed upon to be a by-product of women having "unrealistic expectations" of their birth experience. Way to blame the victim again. I mean, heaven forbid that a woman desires to have a positive and meaningful experience for the birth of her child. I was absolutely stunned that no one in the room made the correlation between our disjointed maternity care system and an unprecedented number of women suffering from severe anxiety and/or depression following the birth of their child. Did no one stop to think that perhaps, "Hey? Maybe it's the SYSTEM that is failing women?"

At one point I had to physically restrain myself when one person said, "women need to stop believing that birth is all about essential oils and having a quote, unquote, 'experience.'" (The group erupted into laughter). And we wonder why women are traumatised?

I couldn't let that one go, and I did make a comment. I was proud of myself for not using a lot of profanity (trust me, it was hard not to), but I noticed a couple of eyes rolling and it was obvious to me that I was generally considered to be the "crazy birth lady" in the room and not a "real" professional.

As birth professionals, we need to let women know that they **do not** have to be dragged along the conveyor belt of birth. Women have **options** and they can make really good **choices** for their births. We know from research that when women have **high expectations** of their birth, they are more likely to have a positive experience (Hodnett, 2002). We need to tell women that it is okay to want more than to come out of their birth alive and with a healthy baby. That is the absolute bare minimum that they should expect. That is a given. We are living in Australia in 2018 – not Southern Sudan where more than 2,000 women per 100,000 die around the period of giving birth and 25% of South Sudanese children will die before their fifth birthday (Rau, 2015). Personally, I am totally over this victim-blaming mentality and this idea that women just need to be quiet, compliant "good girls" who should simply be grateful that they and their baby are alive. Our maternity care providers and policymakers need to understand that we are failing our mothers on a monumental scale.

So what advice can we give women? Obviously, much depends on when and where we are interacting with our pregnant client. But ideally, we want to maximise her chances of having a low intervention, safe, healthy and positive birth experience.

1. Women should choose their care provider very, very carefully.

Do they support normal, physiological birth and can they prove that with their care practices and stats?

2. Women should choose their place of birth very, very carefully.

Does this location support normal, physiological birth? (A hospital with a 90% epidural rate and 50% Caesarean rate is a bit of a dead giveaway).

3. Seek out midwifery continuity of care models – Midwifery Group Practice (MGPs) or Midwives in Private Practice as your primary care provider.

Because midwives are the guardians of normal, physiological birth.

4. Take an independent childbirth education class.

It will be one of the best investments a woman can ever make.

5. Hire a doula.

The research (Dekker, 2017) on doulas demonstrates their positive impact on a woman's birthing experience and birth outcomes. Good doula practice according to a well-defined code of ethics and scope of practice and will work to support a woman emotionally and physically, while working collaboratively and respectfully alongside the woman's professional care team.

Midwives, childbirth educators and doulas need to work more collaboratively. We are all working towards the same goal; supporting women through pregnancy, birth and early postpartum and ensuring that we provide them with woman-centred, respectful care and positive birth experiences that promotes mental wellness. Together we can help to dismantle the conveyor belt and build a pathway to a better, more satisfying, healthier, safer birth – so let's support our mothers!

References

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