5. Birth: Life Process Or Medical Event?  
(How We Lost Power: The Medical Takeover of Childbirth)

The Medical Takeover of Childbirth

The modern medical approach to childbirth, originating in Europe, spread to the United States in the mid 1900's and is now being rapidly exported to the rest of the world. How did the thousands-of-year-old practice of midwifery become replaced by physician-attended births? There is little history written about midwives who, practicing independently, have always been the experts on normal birth. Because recent developments in medical practices are influencing birth all over the globe, we will focus exclusively on the history of childbirth practices in Europe and the United States. The bulk of written medical history has been authored by male physicians who were struggling to acquire control over midwives and childbirth. In studying this one-sided history what emerges by reading between lines, is how physicians and hospitals have made normal birth a thing of the past by making the independent practice of midwifery illegal and by bringing birth into the hospital.

The initial involvement of physicians in childbirth in Europe occurred when women or their attending midwives had difficulty in getting a baby out during birth. Until the 19th century, many women suffered in childbirth as a result of pelvic bone deformity caused by rickets, a vitamin D deficiency. This common disease resulted from malnutrition due to extreme poverty as well as from women's fashions which covered the entire body, preventing exposure to sunshine and absorption of vitamin D. Their pelvises were occasionally so small or misshapen that the baby could not pass through the opening. If a baby got stuck, the mother would keep getting weaker and weaker; eventually both she and the baby would die, unless someone could get the baby out.

In desperation, the midwife would call a physician or barber surgeon to extract the baby in an attempt to, at least, save the mother. At first these men used crochet hooks and levers to break up the skull and remove the baby. Later, the barber surgeons started using the technique called "podalic version" whereby the surgeon put his bare hand directly into a woman's uterus and turned the baby so the feet would come out first. Then he pulled the baby out by the feet, sometimes dislocating the legs or pulling them off completely. These gruesome maneuvers saved some women, but they caused many more problems. By doing podalic versions, the physicians introduced bacteria directly into a woman's uterus, often causing fatal infections.

Why did midwives call physicians or barber surgeons in to do these procedures rather than do them themselves? Did they mistakenly believe that the medical men had a greater expertise than they themselves had? Or did they avoid doing the version and removing the baby limb by limb because it was so distasteful? It is more likely that they were justifiably afraid to handle the situation independently. The 16th through the 18th centuries (when podalic version was a necessary evil) was a time when many midwives and other women healers were being persecuted and burned as witches. At that time it could be considered evidence of witchcraft simply to possess obstetrical skills. Physicians, who allied themselves with the Church and State to discredit women healers as ignorant, superstitious "old wives" were the medical experts who determined whether certain women were witches. Without the legitimacy lent to the midwife by calling in a physician or barber surgeon, she could logically anticipate being branded a witch who had purposely caused the death of the baby by witchcraft.

The attempt by physicians to maintain control over midwives has been going on for hundreds of
years, and today, more than ever, physicians are unwilling to coexist with midwives. Midwives face the same danger today as they did in centuries past, when, as will inevitably happen, a baby in their care dies. The medical profession jumps at the chance to punish any midwife who is involved in a complication of childbirth although, in the same circumstances, a physician would go unquestioned.

On July 14, 1978, Marianne Doshi, a midwife from the small, conservative community of San Luis Obispo, California, was arrested for practicing medicine without a license and for second degree murder of a home-born baby. Although San Luis Obispo physicians agreed among themselves not to provide backup for home births, and even though the baby was in a newborn intensive care unit of a hospital 200 miles away when it died at five days of age, the state officials investigating the death after receiving complaints from local physicians ignored any possibility of negligence or incompetence on the part of physicians or hospital staff. They quickly brought charges against Doshi and threatened the baby's parents with prosecution. Finally the case was thrown out of court by a judge who pointed out that if the baby had been born in the hospital physicians "would have been lined up from here to Los Angeles" (hundreds of miles) to say that everything was done for the baby that could have been done.

Over the centuries, European physicians developed more refined methods for handling problem births than podalic version. Forceps, for example, were developed in 1588, and, although they are often misused, remain a valuable tool even today.

As time went on, however, problems arising from physician participation in birth worsened. The major problem which arose almost as soon as physicians started attending women in birth is the same problem which exists today in obstetrics: physicians use their medical techniques when they are not really necessary and their technology and practices often create more problems than they solve. It is possible to appropriately apply this criticism to nearly every form of technology which has been used by physicians on women in birth from the 1500's to the present.

In the 1700's, childbirth fever, a disease nearly always caused by physician intervention in birth, spread like wildfire as more and more women were forced by poverty and sometimes by the law, to have their babies in large urban hospitals.

This condition is a uterine infection caused either by a part of the placenta remaining in the uterus after birth or by physicians introducing bacteria into the birth canal during manual examinations. Since there were no antibiotics to treat the infections, the mothers usually died. The first of countless reported epidemics of childbirth fever was at an infamous maternity hospital, the Hotel Dieu in Paris in 1746. In 1760, numerous epidemics of childbed fever were reported in England where more and more maternity hospitals were being established.

The barber surgeons routinely put their unwashed, ungloved hands into the uteruses of women at almost every birth they attended, either to turn the baby to a different position (version) or to remove the placenta immediately after the baby was born. Student surgeons, in filthy, understaffed city teaching hospitals learned about anatomy by dissecting the bodies of deceased patients and then went directly to maternity wards where they spread these deadly germs by unnecessarily putting their hands into the uteruses of the laboring women they examined.

Then, as now, a handful of physicians stood up against their colleagues to oppose these entrenched and reckless practices. For over 100 years, no one in the medical profession heeded the vehement protests of physicians such as Dr. Charles White, who wrote in 1733 that childbed fever was contagious and was carried from woman to woman by practitioners. However, he was ignored by the medical profession who refused to admit that they, too, could be carriers of the disease.

In 1847, Dr. Ignaz Semmelweis cut the maternal death rate in his Viennese hospital from 114 to 30 deaths per 1,000 women by requiring every medical student to wash his hands before doing examinations. Despite this dramatic demonstration of the relationship between their dirty hands and the deaths of mothers, the medical profession and hospitals refused to admit that they themselves were causing childbed fever.

This idea began to gain acceptance in the medical community in 1867 when Joseph Lister delivered an address to the British Medical Association in Dublin explaining that physicians were the cause of childbed fever and that they could prevent it by washing their hands. It was still many years before hospitals instituted measures to prevent the spread of infection. As late as 1883, in Boston's Lying-In Hospital, 75% of the mothers contracted childbed fever and 20% died of the disease. One hundred and twenty years after they knew the cause of this fatal disease, physicians and hospitals finally began taking steps to stop the epidemic which they themselves had caused. The history of childbed fever in Europe and the United States highlights the irony of the image of midwives as "dirty" and provides a textbook for any would-be reformer of childbirth practices for it plainly illustrates the resistance of physicians and hospitals to any challenge of their power over the lives and health of mothers and babies.

The establishment of hospitals and the entry of male professionals into the field of childbirth mirrors
many of the same conflicts, dangers and problems caused by the medical profession’s participation in birth today. Laboring women in the 1500’s and 1600’s feared the coming of the barber surgeons and physicians because, when they came with their barbaric instruments, it meant that their babies would certainly die and that they themselves had a very good chance of dying or being injured for life. However, in complicated births, the midwives and mothers needed the intervention of barber surgeons and physicians in order to have any hope for survival.

Forceps, for example, were used in many births in which the mother could not push the baby out herself. This saved both the mother and the baby who, before this invention, would have died. Soon after the physician learned to use forceps, however, they used them indiscriminately and inserted them much farther into the uterus than physicians do nowadays. Further, forceps are a convenient instrument for physicians who have always been anxious to intervene and make the birth go faster.

Also, forceps were a source of infection which was spread from woman to woman. As early as 1751, Levret, a French physician, noted that forceps were poorly designed because their blades were made of leather and could not be washed between use for each woman. Countless mothers suffered unnecessarily from infections, sometimes leading to death, as a result of physicians using the forceps, even when they were not needed, to brutally dilate the cervix to force the forceps into the uterus. In babies, brain damage often resulted from this rough and often arbitrarily used force.

Because physicians used their power to influence legislation that prohibited midwives from using forceps, midwives were placed in the untenable position of not being able to handle complications. This forced them to become dependent on physicians for backup and signified a decisive victory for male medicine. Even today, this dependence on physicians in the event of complications places midwifery in a subservient role.

The one legitimate justification for the existence of each form of technology which physicians and hospitals have developed is that there have been situations in which the lives of mothers or babies have actually been saved. The problem remains that the same technology has also been used capriciously: for the profit of the manufacturers, for practice of a physician in training, and for the convenience of a physician or hospital routine. Now, after nearly five centuries of technological misuse in childbirth, it is still rare for a woman to have a baby without some amount of unnecessary intervention.

Obstetricians and Hospitals Oppose Home Birth and Midwives

At the present time, nearly all physicians, especially members of the American College of Obstetricians and Gynecologists (ACOG)—started in 1951—are refusing to provide services for women who want to have their babies at home. ACOG’s Executive Director, Warren Pearse, declared in 1977 that “home delivery is child abuse.” Most of ACOG’s 20,000 members, including nearly every obstetrician in the United States, refuse to treat mothers or their babies if they have complications and need hospitalization, or treat them punitively when they come in to hospitals after a home birth. Most commonly, physicians who attend births at home are general practitioners or family practitioners, not obstetrician-gynecologists. However, ACOG still wields its in-
fluence over these physicians through its members who make public statements to discredit physicians who attend home births.

Obstetrical societies, general medical societies and hospitals have taken the offensive in trying to stop home birth. Rather than providing training, equipment and support to physicians and midwives who are willing to meet the needs of women who wish to have their babies at home, hospital staff physicians have developed harsh measures to be taken against any physician who attends a woman's home birth. In one such punitive action, Yale-New Haven Hospital in Connecticut adopted a policy of revoking a physician's hospital admitting privileges for intentionally participating in a nonemergency home birth. George Annas, an attorney from the Boston University Center for Law and Health Services, has questioned the legality of the Yale-New Haven policy and has speculated that the action serves to restrain trade in home delivery, a possible violation of the federal antitrust laws. At the 1977 California Medical Association Convention at the Disneyland Hotel in Anaheim, California, a resolution was presented which condemned any physician attending a home birth. Groups such as the Feminist Women's Health Center, the Association for Childbirth at Home International, along with many individual women who had their babies at home, strongly opposed this proposal and demonstrated outside the hotel when the resolution was brought before the general assembly. As a result of their efforts and the attending publicity, the resolution was tabled and slated to be rediscussed away from the public arena, and the following year in 1978, the CMA Convention adopted a milder version of the resolution, opposing all out-of-hospital births, but leaving out the censure of physicians who attend home births.

The opposition of hospitals and obstetricians has been so effective that the woman who has chosen to have her baby at home is often considered to be irresponsible by her friends and family who have been told of the dangers of birth. Actually, a woman who makes this choice has considered the decision and has decided that, in her case, hospital birth would expose her and her baby to unnecessary risks.

These same friends and family members rarely recognize that physicians, and especially hospitals, are acting in their own professional and business self-interest when forcing a woman to go to the hospital where she has no control over the birth. To withstand these uninformed criticisms, parents who choose home birth must have the courage of their convictions.

No one can eliminate the small risk in childbirth. Either at home or in the hospital, a few babies and even fewer mothers die. When a baby who is born at home dies, physicians seize the opportunity to rein-
to the emergency room of a hospital. In the later stages of labor, the mother often has to cope with overt hostility from the hospital personnel who disregard information about her condition offered by herself, her midwife, the father or other support persons. The situation is comparable to the tragic experiences women have had going to emergency rooms for abortion complications, especially when abortion was illegal. They have often been faced with abuse for having made a decision about their own health care which was not yet acceptable to many people, including hospital personnel.

I had a wonderful birthing experience. My daughter was born fully attentive, breathing and cooing. It was satisfying to finally meet her in our own home. My husband and I decided we would go to the emergency room to have my placenta and myself checked by a physician. Well, at the emergency room around 2 a.m. they woke up the doctor there. I do not know who he was and he was not cordial at all but rather mad because he had been disturbed from his sleep. He checked me and said I had a tear in the vaginal wall and they would have to call the obstetrician on call and send me to the maternity ward.

As I waited in the maternity ward for the obstetrician, the nurses took me to a room, left, came back five minutes afterwards, and rolled me to the delivery room. (For this I was charged a full day's room fee.) In the delivery room they proceeded to strap me on the delivery table, and prep me as ordered by the obstetrician on call that day.

The doctor examined me and said that the tears were superficial skin tears but he was here anyway so he might as well fix them. I told him to be very gentle for I was very sore. He sprayed anesthetic and then injected some more anesthetic. It did not work for when he started to stitch, the pain was unbearable. I jumped, and told him to stop, he continued. I asked him where he was stitching. He didn't answer. I asked if he was stitching my clitoris. No answer. More stitching. He looked at me and said as he stitched, "I guess your next baby you'll have in the hospital, right?" At this point I knew he was not going to stop, so I started panting (as in Lamaze training) to relax. He looked at me and said to the nurses, "Look, she can pant like a dog." They laughed. As soon as he finished, I demanded to go home. I signed the "against medical advice" forms and left.

Hospitals and physicians have refused to share their skills in dealing with certain emergencies, and training for midwives has been sparse and inaccessible. Some midwives who attend home births are ill-prepared for complications such as a baby not breathing when it is born or a woman hemorrhaging after the birth. Although lay midwives have been at the forefront of training home birth attendants, they have also been justifiably reluctant to publicly sponsor such training programs because of their own legal vulnerability.

Except for certified nurse-midwives who work under a physician's supervision in hospitals, obstetricians use their position to ruthlessly destroy any attempts to revive the independent practice of midwifery.

A classic example of harassment of lay midwives by the medical profession is the case of the Santa Cruz midwives in California. In March of 1974, Kate Bowland, Linda Bennett and Jeanine Walker of the Santa Cruz Birth Center were arrested for practicing medicine without a license. The three independent midwives were charged with attending home births in this northern California community. Their case was dropped after many months of legal maneuvering, but unfortunately, the end result was to officially make it illegal to practice midwifery independently of physicians in California.

This case, nevertheless, spurred a lot of interest in midwifery, and more and more California women are choosing to have home births with lay midwives. Also, landmark work is now being done to encourage the practice of lay midwifery training schools and some people have introduced legislation in various states to legalize the practice of lay midwifery. One such bill in California was defeated early in 1978 and again in 1981 before it reached the legislature for a vote, but lay midwives are still optimistic about developing strategies to encourage the practice of midwives in home settings. Lay midwifery is currently legal in ten states: Washington, Oregon, South Carolina, North Carolina, Mississippi, Texas, Louisiana, New Mexico, and Florida.

Hospitals should give admitting privileges to childbirth educators, labor coaches, lay midwives, nurse-midwives and home birth physicians. If women had physicians with hospital admitting privileges, they could arrange for a speedy and efficient transfer from home to hospital in those rare instances where it is necessary.

Notes
2. Witches, Midwives and Nurses: A History of Women Healers by Barbara Ehrenreich and Deirdre English; the Feminist Press, SUNY/College at Old Westbury, Box 334, Old Westbury, N.Y.