

The Medical Model of Obstetrics has Gone too Far

Two weeks ago Maria saw me for a consult near term with her fifth baby. Her first baby was a C-section, followed by three uncomplicated vaginal births in Mexico. Though a vaginal birth would be safer and healthier, Maria was told by the local community hospital that she must have a scheduled C-section. They didn't tell her she could go elsewhere. They didn't tell her she had the right to refuse surgery.

Hospital birthing remains the right choice for many and certainly the best choice for some. But it must be realized from the moment a woman leaves her home in labor until she puts the baby in the car seat to drive home everything that happens is counterintuitive with nature's design. The hospital model is illness, not wellness. You leave your nest to arrive at an emergency room. You are placed in a hospital gown with monitors around your belly and a blood pressure cuff strapped to your arm. An IV is inserted. You need permission to go to the bathroom. You are not free to walk around and move and you are not allowed to eat. You are asked to sign consent forms and are constantly interrupted. And you are on the clock. All these policies lead to interventions that disturb the process of labor and contribute greatly to the rise in surgical birth.

If women are nurtured and left to their own natural instincts the birthing process works quite well. Home birthing respects normal physiology. When other mammals labor they go off to some safe, quiet place, shut down their higher cognitive brain, and allow their primitive instincts to come forth. When accidentally disturbed or frightened, labor stops and they get up and run away. There is no place like home for many to feel safe and nurtured and uninhibited.

At home women can move about freely, rest in their own bed, eat their own food and shower and bathe as desired. They can labor silently or cry out without concern for who is listening in the next room. The mother and baby need not be separated and the cord is left alone. There is no timetable.

Families that choose home birth are often some of the most well-informed. Often the choice is made because, like with Maria, the local hospital and medical community do not support reasonable medical choices such as vaginal birth after cesarean section (VBAC) or breech delivery. These women trust their birth team and the process and they have mastered their fear allowing labor to progress as nature intended.

Yet the medical organizations that represent doctors like me actively oppose home birth. In 2007, 2008 and again in 2010 ACOG issued statements against home birth, criticizing midwives who aren't Certified Nurse Midwives.

The sad truth is that for most Americans birth remains shrouded in mystique and fear. Hospitals and the medical model of obstetrics have gone too far. They have taken something beautiful and natural and convinced us it is an illness.

We now have three generations who have grown up with hospital birthing as the norm. Doctors rarely—if ever—see unmedicated births, and very few—if any—have attended home births. The ones who trust birth—who want to give breech babies or twins a chance to be born vaginally—often face ostracism and ridicule from their peers.

We are told that modern medical interventions for all pregnant women are our savior. Albert Camus said, “The welfare of humanity is always the alibi of tyrants.” The safety net a hospital provides for those that truly need it is wonderful. But safety is often used as a canard for control. There is nothing safe about a surgical birth rate of 33%.

Partly because of the rising C-section rates and the antagonism that exists between doctors and midwives, birth in America is much less safe than in more than 40 other industrialized countries, where collaboration of midwife and doctor provides a much better model of care. The safety problems in America are not because a tiny percentage of women are giving birth at home. They are because we are interfering technologically with the natural process of birth to the detriment of American mothers and their newborns.

In a country founded on personal liberty the choice of how to give birth belongs to the individual woman. She is entitled to true, not skewed, informed consent and the right of self-determination. The medical profession has the duty to respect that right. The American Medical Association (AMA) code of ethics states, “Rational, informed patients should not be expected to act uniformly, even under similar circumstances, in agreeing to or refusing treatment.” The refusal to grant Maria her choice of a vaginal birth was neither medically indicated nor ethical.

The women of America deserve better than what the medical model of obstetrics has provided. The strength of a woman has no better champion than Margaret Thatcher who said, “Choice is the essence of ethics: if there is no choice there would be no ethics, no good, no evil; good and evil have meaning only insofar as man is free to choose.”

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