

Introduction

This first module is designed to provide you with an introduction to the cultural, historical, sociological, and psychological forces that shape birth in our culture. As an educator, your understanding of the forces which have made birth what it is today will help you empower your students to understand the routine procedures of hospital births, birth center births and homebirths, and the many options that are available to them. In addition to gaining an orientation toward consumerism, you and your students will gain an appreciation of birth in other cultures, the dominant values in our culture which are promoted through "the American way of birth," and the ways in which the media undermines women's confidence in their bodies and their ability to give birth without a myriad of interventions. The current state of birth will be discussed, including the escalating cesarean section rate. The concept of Cesarean prevention will be introduced, not as something to be concerned about during labor and birth, but as being influenced by every decision we make throughout pregnancy, labor and birth.

Required Reading

- *The Complete Book of Pregnancy and Childbirth*, pp 7 – 65
- *Birth as An American Rite of Passage*, entire book

Learning Objectives

By the end of this module, you should be able to:

1. Describe the ritual elements of a "rite of passage" and tell how procedures of standard hospital birth fulfill these functions.
2. List the dominant cultural values that "the American way of birth" reinforces in the mother, partner and baby.
3. Discuss the technocratic and midwifery models of birth.
4. List key events in the history of childbirth that resulted in the current model of care.

MODULE ONE

5. Describe what elements would make a birth "woman centered" and the advantages for the mother, partner and baby.
6. Talk about the current state of birth in North America
7. Discuss Cesarean prevention
8. Describe the technique of visualization for educating the body and emotions; do a visualization of the process of giving birth.

What You Will Learn in this Module

- I. Facilitating Welcome and Introductions
- II. Birth in Today's World
 - Images of Birth
 - Cross-cultural Birth
- III. Technocratic and Holistic (Medical and Midwifery) Models
- IV. Is Birth Inherently Unsafe?
- V. Consumerism--or, What We Can Do
- VI. Inner Images: Visualization/Relaxation for Birth

Background Material

Historical and Cultural Influences

The history of birth, midwifery, and obstetric medicine is full of injustice and pain, as well as heroism and beauty. We feel that as an educator you should be aware of this important context for your work, but you must use your own judgment in deciding how much of this you want to include in your classes. The vast majority of people today choose to give birth in a hospital and they should not be made afraid of their environment, nor be made to feel as though they have made the wrong choice. On the other hand, it won't hurt them to know that there is no scientific basis for many of the "routine procedures" (you'll study this when you read *A Guide to Effective Care in Pregnancy and Childbirth* to complete Module 4), and that they perform a "ritual function" of imprinting the dominant values of the culture (Robbie Davis-Floyd's insights).

Thanks in large part to the efforts of people like you, birth in many places is changing. If your local hospitals, doctors and midwives are progressive, and your local intervention rates are dropping, you might not need to dwell on the historical failures of medicine to honor birthing women. But if women in your community suffer from outdated practices and disempowerment, it might be helpful to share more of the historical context with your students. Do some research to find out the prevailing atmosphere in your area.

After reading books such as *Birth as An American Rite of Passage*, *Open Season* and *The American Way of Birth*, you will never see things quite the same way again. Presenting only as much of this information as your students can handle without overstretching can be an exciting challenge!

Please read through the following pages that provide background information on the material you will be teaching in this module. You will also use these materials to complete the learning exercises at the end of the module. Included in the background material in this module, as well as future modules, are current articles of importance. There are also landmark articles that, while not recent, are very important in the history of birth.

Why is Cultural Perspective Important in Childbirth Education?

We need a **global definition of natural childbirth**. Some people think any vaginal birth is natural; some think it must be drug-free or forceps-free to qualify; some think it needs to take place at home, or in a birth center, or in a forest to be natural. In any case, we need to look beyond our own cultural viewpoint and discover the elements of birth that are so common to our species that they might bring us closer to a true definition.

Studying birth in other cultures is fascinating. It opens our minds and makes us more compassionate. It is a **window into other cultures**, as the core values of any culture are reflected in the way new members are welcomed.

We've lost some **useful ancient traditions** in the process of becoming technologically sophisticated. Looking at other cultures may help us to reclaim some of those losses from disappearing peoples. Better yet, it might motivate us to help keep those peoples from disappearing!

Studying birth in other cultures empowers us as mothers. Some women find that seeing traditional women giving birth gives them confidence in their ability to give birth (as opposed to "being delivered.") A declining birthrate in the industrialized nations means fewer births in a lifetime, so there is more concern with the emotional quality of each birth. The declining birthrate also makes for a buyer's market in health care, and thus, in some cases, we have more responsive and sensitive care, and more options.

Studying birth in other cultures gives us perspective on our own birth rituals and beliefs, and enables us to question our ethnocentric assumptions about what is normal, healthy, and necessary. It liberates us from thinking that our culture's way is the only way or necessarily the best way. It makes us aware of the ritual aspects of North American birth styles, so that we can see which procedures are truly helpful and which have more ritual than medical significance.

Studying birth in other cultures helps us to be more sensitive to the special needs of maternity "patients" from various cultures, and to provide more **culturally appropriate care** for them. The key here is simply to be open-minded, nonjudgmental, and caring, and to hire a good translator. Good care includes:

1. Discouraging harmful practices (severe dietary restrictions)
2. Encouraging healthy practices (breastfeeding, upright posture)
3. Tolerating harmless or neutral practices (birth rituals)

Studying birth in other cultures makes us **think twice before exporting our birth style** and technology to other countries, where it may be applied inappropriately to conform to an appearance of "westernization", while missing some essential components of medical safety.

And what of women who bear no children? There is no respect in the terms "old maid" or "barren." Anne Boleyn, second wife of Henry VIII, failed to produce a male heir and was beheaded. When mothers are regarded as vessels, their value decreases when they "fail to produce."

How do people in other cultures deal with pain?

Many Japanese believe that pain enhances bonding and increases the mother's appreciation of the baby as well as of her own mother. Among the rural Beriba, stoicism and bravery are ideal, and mothers often don't reveal when they have begun labor. Among the Macha Galla of Ethiopia, there is a saying: "May you have a good childbirth, and may no bird hear you" (may it be so easy you are silent).

In the North America, some mothers choose to deaden the pain with anesthesia or analgesia, some interpret pain as part of the mother's empowerment and growth, and some obtain training in breathing/distraction techniques. In China one may receive acupuncture anesthesia, even for a cesarean section.

There are famous Huichol yarn paintings of a father in the rafters with a rope around his testicles. Below, the mother pulls on the rope during contractions so he shares her pain.

Do people in other cultures use intervention?

Fundal pressure, massage for version, and herbs are common. In second stage, some midwives induce sneezing or vomiting (they might tickle the mother's throat with a feather, or give her something vile to drink) to stimulate bearing down.

In most places, the cord is not cut until after the placenta is born (this minimizes bleeding from the cord stump). Most traditional peoples do not pull on the cord to bring down the placenta.

Cesarean section is not a new practice. It has been used for centuries in some cultures as a last resort to save the baby when the mother has died. But there are also examples of cesarean section in tribal settings where both the mother and the baby have done fine. A fascinating example is Robert Felkin's 1879 account of a cesarean done in Uganda with banana wine for anesthetic and banana leaves for bandages (quoted in *Childbirth Wisdom* by Judith Goldsmith).

What can be done worldwide to make childbearing safer?

Birth in traditional cultures (with adequate nutrition, adult childbearing, etc.) has been distinguished by ease and lack of complications. However, mothers can be lost when the occasional complication is unattended, or when the mother is malnourished, or when the mother has more children than her body and resources can support, or when disease affects her pelvic structure or her strength.

Half a million of the world's mothers die each year due to complications of pregnancy and birth. That is one maternal death per 170 births, with most occurring in the Third World,