

## **Planned Home Births & Midwifery: Benefits & Legal Considerations of an Alternative Birthing Decision**

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### **Introduction**

When children come into our lives, their innocence can change the way we perceive the world. Becoming a parent and building a family is a significant decision one may make in their life. Having a child comes with extreme responsibilities, but also many rewards. In Western societies today, children have become highly valued as the birth rates within these nations have declined (Högbacka, 2008, p.318). Before entering into parenthood, individuals often engage in careful planning to determine whether they are ready to take on this new endeavour (Högbacka, 2008, p.319). Many wish to work towards the societal concept of the good, responsible parent by providing their child with everything they need to succeed (Robson, 2010, p.131). These decisions and responsibilities come to life the moment a child is conceived. Women must be able to take care of themselves as a way to ensure a healthy life for their baby. Making decisions about the birthing process is one of the first steps in taking on the role of being a responsible parent. Birthing decisions have greatly altered in western societies today. Historically, births at home were most commonplace. It was the job of the midwife to promote the good health of women and their babies. Midwives played an important role in helping parents ease into this life changing experience. Looking back on England as well as Canada's past, these individuals were highly sought after and central to the birthing process (Thomas, 2009, p.115; Burtch, 1994, p.4). However, today, the majority of women in western nations opt to give birth among professionals in a hospital setting. The promotion of the biomedical model in society makes this option seem most promising and safe for both the baby and the mother. Seeking to give birth at home has become viewed as a reckless and unsafe

practice. Over the past few centuries, as pregnancy has become more medicalized, the role of the midwife has declined. Nonetheless, evidence has come to show that planned home births actually have positive outcomes for women. Midwives provide a sense of support and caring that often does not exist among medical professionals (O'Brien et al., 2011, p.214). The lack of recognition and consistency for these individuals in law makes the practice of midwifery controversial. In our constantly-evolving society, the use of midwives in the home should be recognized as a legitimate source for a positive birthing experience. There is a need to take a step back from the biomedical views that dominate society; doing so would allow women to make more informed birthing decisions and enable them to control their own bodies and overall health.

### **Planned Home Births & Midwives**

Presently, the idea of planned home births is met with much skepticism and the role of the midwife is not well understood. Burtch (1994) broadly defines a midwife as any person who assists in a child's birth (p.6). This could include anyone from obstetricians or nurses to community midwives. However, they have traditionally been female attendants (Burtch, 1994, p.6). It was once the job of these women to ensure that the pregnancy and labour process was a positive experience. They would be at the side of the woman both before the arrival of the child, providing advice, and during the actual birth. One of their major roles has been to control the conditions around a woman during labour. This is often a stressful, extraordinary experience and the attendant is there to reduce anxieties. Thomas (2009) points out that midwives traditionally played a social role by reassuring the father and mother during the birth of their child (p.119). They worked

to make women feel calm and looked out for their wellbeing (Thomas, 2009, p.119). They would seek to provide a comfortable atmosphere for the mother so that the delivery could take place without any complications. Having this support system in place assisted women in easing into their new role as a mother. They had someone they could trust by their side who had the knowledge necessary to deliver a healthy newborn child.

The position of the midwife, in welcoming a new life into the world, came to be viewed as a significant role in society. During the 15<sup>th</sup> century, the profession was referred to as an office, art and mystery with religious meaning (Thomas, 2009, p.123). Midwives and their engagement in home births transformed into a prominent profession, which soon became viewed as male-oriented work (Thomas, 2009, p.123). Maternity and the position of women in relation to control of the birthing process came under scrutiny by the dominant society. It became questionable as to whether females were capable of handling the responsibilities associated with midwifery. During the Enlightenment Period and the Scientific Revolution of the 1690's, maternity became highly medicalized (Thomas, 2009, p.125). The effects of this era can be seen today where the majority of women choose to give birth in hospitals. These controlled, professional environments are deemed to be safe and the best choice for the child and the mother. It is far less common for women to give birth at home with the assistance of a midwife. Instead, the use of caregivers in a planned home birth often brings about criticism and questions against the choices of the parents. The dominance of the biomedical model means that there is failure to acknowledge the implications of taking on a medicalized approach to the birthing process. Just as with other controversial practices such as surrogacy, women's bodies have come to be viewed as vessels for holding offspring (Pande, 2010, p.970; Thomas, 2009, p.125). The birthing process has now moved away from the traditional use of midwives to the control of male professionals.

The importance of birth to the existence of human beings caused pregnancy to become highly

pathologized. Male experts took over the role that midwives had played for centuries before (Spoel & James, 2006, p.167). The focus on rationality and objectivity during the Scientific Revolution caused the male-dominated society of the 1600s to medicalize the entire practice. Thomas (2009) argues that men created a field where they could reduce issues such as "infanticide, maternal mortality and neo-natal death" (p.129). At the same time, women's bodies became reduced to parts. They were made to be objects under the control of male physicians. Any issues with their health or birth complications would be cured by men. Through this revolution, the male professional gained complete control over the birthing process (Burtch, 1994, p.11). Women no longer had the support that came with having a midwife by their side. Rather, they became alienated from the professionals who held power over their bodies. Unfortunately, this turn to a biomedical model has caused much dissatisfaction with the maternity experience. Many women report feeling as if they are on an assembly line, simply being moved in and out of hospitals (Burtch, 1994, p.105). The former intimacy and natural process of birth has been lost.

In addition to the power of men over women's bodies in the hospital setting, there is also control of female reproduction by the state. The law regulates many reproductive practices including insemination and surrogacy (Kelly, 2010, p.149; Busby & Vun, 2010, p.14). In Canada's past, the government has even employed sterilization to limit the pregnancies of what they deemed to be degenerate women (Grekul, 2008, p.249). Promoting the biomedical model and encouraging the use of hospitals over home births limits women in making their own decisions around their maternity experiences. They are unable to obtain the information and resources necessary if they seek to have a home birth. As a consequence, they are left to consider the legal implications their midwives may experience as well as the guilt they may feel if complications occur. As midwives are not legal in all provinces, there is a chance of criminal prosecution if a home birth goes wrong. If a mother or child is harmed in the process, a midwife may find themselves convicted of criminal

negligence and sentenced to a life of imprisonment (Burtch, 1994, p.167). Furthermore, where midwifery is legalized, the practice is still not viewed as completely professional and legitimate (Wagner, 2004, p.74). The barriers created by the state cause women to view home births in a negative light. They fear the repercussions of making the wrong decision and, therefore, choose to resort to patriarchal institutions to safely give birth to their children.

### Benefits of Home Birth

If women were enlightened around the benefits of midwifery, it is possible that they would more often choose to engage in home birth. Most individuals are unaware of the positive outcomes and may not even consider the option. Instead, hospital settings are viewed as the only feasible choice for giving birth in western societies. Those who do engage in planned home births may be viewed as radical or irresponsible. The wider society may question why they choose to use a midwife when they have resources readily available to them in hospitals. Regardless of the dominant perspectives, those women who do choose planned home births have reported very positive experiences. Their views demonstrate the need to explore various birthing options other than what the biomedical model surrounding pregnancy offers.

For any woman who is bearing a child, support is important and necessary. Over the course of nine months, their bodies change rapidly and they must be able to understand what measures need to be taken to deliver a healthy child. Advances in science have allowed a vast amount of information to be available to women today. However, the interactions with physicians, obstetricians or nurses can cause women to feel as if they are being put through a routine. Often, the goal of these professionals is to be as quick and efficient as possible. They seek to serve the needs of many patients as there is a significant demand on their assistance and expertise. Engagement in such appointments may leave women feeling distanced from the professionals around them. They are not able to establish a strong sense of support and connect with these individuals who have complete control over their bodies. This is

contrary to the experiences of women who engage in planned home births. Most report feeling a strong sense of satisfaction when working with midwives as opposed to medical professionals (O'Brien et al., 2011, p.214). This is largely due to the fact that they provide a level of support that is not available through the dominant medical system. Midwives make regular visits to the women to check up on their overall health while providing advice and information. O'Brien et al. (2011) points out that, on average, women had five or more prenatal visits from their midwives during their pregnancy (p.210). This consistency in care with the same provider throughout the entire process allows rapport and trust to be built between the midwife and the woman (O'Brien et al., 2011, p.213). The women are also in an environment outside of institutions where they feel more comfortable and at ease. Midwives offer early care which allows women to be more informed about their pregnancy. They regularly attend classes, have fewer ultrasounds done and rely less on medicine (O'Brien et al., 2011, p.210). In turn, these women have more control over their own bodies and the decisions surrounding the birth of their child.

The use of midwives during the prenatal stage leads to satisfaction on the part of the mother, but the actual delivery has also been found to be a more positive experience when it occurs at home. Studies show that planned home births result in more vaginal deliveries in comparison to deliveries by obstetricians in the hospital setting (O'Brien et al., 2011, p.210). These births tend to be more of a natural process. In addition, there is a lower rate of perinatal death with the use of midwives (Janssen et al., 2009, p.378). Overall, the care of these providers yields more positive results than obstetricians. However, in regards to complications and overall health, the use of physicians in the hospital and midwives at home demonstrate similar findings (Janssen, 2009, p.379). Both of these care providers regularly assist in delivering healthy newborns with few serious issues. Nonetheless, the satisfaction level in terms of the mother's emotions and comfort is higher with planned home births (O'Brien et al., 2011, p.212). These women feel more at ease when

they are in a familiar environment and have a midwife by their side. They feel that the level of care provided by midwives is of a much higher standard than medical professionals found in hospitals (O'Brien et al., 2011, p.214). The benefits of planned home births and the use of midwives are evident. Women tend to be much more informed, understand their needs and what is occurring with their bodies. Unfortunately, this level of engagement in one's own pregnancy can be hindered by the state.

### Regulating Birthing Decisions

Undoubtedly, there are many positives associated with engaging in a planned home birth. Internationally, many benefits have been found and there are no significant issues (O'Brien, 2011, p.212). In fact, the practice is well supported in many European nations. There is strong advocacy for midwifery in areas such as the United Kingdom and the Netherlands (Burtch, 1994, p.191; Janssen et al., 2009, p.377). On the other hand, the United States has shown opposition to the practice (Janssen et al., 2009, p.377). Interestingly, it may be noted that American society has a private health care system that requires individuals to take on their own medical expenses. Those countries that show support for midwifery may do so as a result of a strained public health care system. The situation in Canada surrounding midwifery is a bit more ambiguous. The profession is currently legalized in Ontario, British Columbia, Alberta, Quebec, Saskatchewan and Manitoba (Bourgeault, Benoit, Davis-Floyd, 2004, p.3). It is highly likely that the other provinces and territories will soon follow suit. Nonetheless, even with this legalization, there is still much reluctance for women to reach out to midwives. They are not viewed in a professional capacity. Planned home births and midwifery offer many positive outcomes, but the practice needs to be regulated by law, to some extent, for women to consider the option. However, the process of legalization itself is controversial to the ideas behind midwifery.

Practicing midwifery is based on the notion that births are to be natural. These caregivers seek to provide women with an environment that is calm

and familiar. Wagner (2004) points out that in order for midwifery to be true to itself, it must be performed outside of institutions (p.73). This means that involvement with the state and hospitals is to be avoided. Doing so would keep the authenticity of the practice alive. Furthermore, it allows women to control their own bodies and make decisions outside of the control of patriarchal institutions. Midwifery and planned home births enable women to avoid being pathologized by male experts. They are given a level of care beyond the assembly line of hospitals and clinics. Nonetheless, if midwifery attempts to operate without any regulations, the entire practice is left vulnerable to criminal sanctions. Without being legalized, these caregivers fail to be protected by law. They can be subject to the conviction of a crime if any harm occurs to the baby or the mother (Burtch, 1994, p.159). Physicians are also held responsible for their actions, but it is rare that they are convicted of such crimes (Burtch, 1994, p.176). Instead, the law is unjustly applied in favour of male experts. Those who practice midwifery, which are generally females, do not possess the same level of protection. Furthermore, it is likely that civil action against midwives would be more successful than those against physicians (Burtch, 1994, p.178); the court of law has been more lenient towards physicians in comparison to other groups (Burtch, 1994, p.178). The issue of lack of legal protection for midwives and home births has been acknowledged in Canada. Following the death of a newborn, an inquest from the Attorney General of British Columbia suggested that midwifery be legalized and made into a professional practice (Burtch, 1994, p.175). Since this time, the legalization has occurred, but limitations continue to exist with the professionalization of midwifery. Although regulation by law may go against the ideologies of midwifery, it needs to be embraced so that women can have the option of planned home births.

Those who practice midwifery need to recognize the importance of allowing the profession to be made legal and regulated. Wagner (2004) argues that, although these caregivers seek to avoid institutions, working within the dominant medical

system could be advantageous. It would keep the profession alive while improving the level of care midwives can offer women (p.78). Being viewed as a legitimate profession, midwives would be able to create and engage in better educational programs (Wagner, 2004, p.82). This would benefit women seeking planned home births as they would feel more comfortable with a knowledgeable caregiver. Furthermore, legal regulation would give midwives access to any necessary resources found within the medical system (Wagner, 2004, p.82). They could readily obtain medications, advice or other tools when needed. Women would be more likely to consider the alternative of planned home births if they knew that they could trust their midwives. Regulation through law would also mean that more information would be available about these caregivers so that women could engage in research on their own and come to a well-informed decision. Additionally, Benatar, Garrett, Howell and Palmer (2013) point out that promoting the use of midwives would save costs to the entire health care system. Presently, there is much strain on resources as many women undergo caesarean deliveries. Midwifery and planned home births offer a cheaper alternative to hospitals (p.1763). Not only will these women experience a greater sense of support, but they will also help prevent the rising costs of health care (Benatar et al., 2013, p.1763). Acceptance, on the part of midwives, of the regulation and legalization of the profession would enable women to seek planned home births more often.

The regulation of midwifery is important, but the state should be careful not to impede upon the birthing decisions of women. The practice itself cannot be regulated to the extent that midwives are forced to reduce their high standard of care. The professionalization needs to occur so that women trust their caregivers. However, this should occur with caution so that benefits of midwifery continue to hold strong. Any regulation should be to promote and encourage the current practice of midwifery and planned home births. The law should not, however, attempt to control the bodies of women. The purpose of such legalization is to give women more informed choices as opposed to further

pathologizing them. Women and midwives must work together to ensure that planned home births remain a natural process that promotes knowledge, control and empowerment.

### Conclusion

Making decisions around giving birth is a crucial time in any woman's life. Parents want to ensure that their child will be healthy and well cared for. In our current society, professionals in a hospital setting are the most widely used method for delivering a baby. This focus on the biomedical model has emerged out of science and the suppression of midwives in favour of male experts. Women need to be made aware of the benefits associated with planned home births and midwives. Instead of viewing the practice as irresponsible and reckless, women should be educated on the positive outcomes. Engaging in a planned home birth can result in a higher level of satisfaction as well as greater understanding and control over one's body. Additionally, the fear of complications can be diminished. However, before women are able to make such decisions, the practice of midwifery itself needs to be adequately regulated. Doing so would put individuals at ease if they were to make the decision to engage in a planned home birth. Through proper regulation, women can embrace the beauty of childbirth in a natural and comfortable setting. They will be able to welcome their newborn child into a familiar and supportive environment.

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