Politics, normal birth and midwifery

Whilst educated and trained to recognise the abnormal, and to treat abnormalities in the absence of a medical practitioner, midwives are the guardians of normal childbirth. We are the carers who can provide the care during pregnancy that ensures that women experiencing normal pregnancy are in the best state of health, psychological as well as physical, when they start labouring. We will have offered them education and information about labour and suggested techniques that will assist them to go through labour and birth without pharmacological analgesia. So why did I recently attend a conference entitled ‘Normal Labour and Birth’? It was the backdrop of the world wide rising caesarean rate that stimulated Soo Downe to first run a conference with this title 3 years ago. These conferences have been so successful that another one was run this year and participants stated that they want these conferences to continue and to be labelled ‘international’. Presenters and participants have come from around the world to the previous conferences but have now suggested that it should have the international label.

Whilst held in a developed country (the UK), we were not blinkered in our deliberations. Robbie Davis Floyd opened the conference by telling of her research with American homebirth midwives and Mexican traditional midwives. Her descriptions of how the American homebirth midwives learnt their art and science reminded me of the process described by Reid (1986) of the lay, illegal, midwifery in the USA at that time. Davis-Floyd described the difficulties these midwives had when they needed to transfer a woman from home to an obstetric unit. There was a lack of understanding amongst ambulance and accident and emergency personnel and obstetricians of the skills of these midwives. They did not listen to the midwives and as a consequence did not provide appropriate care. Unfortunately the losers were women and babies.

These stories made those of us in the UK grateful for the recognition that the midwife, whether at home or in maternity unit, has in the UK. We were also grateful for the fact that we can admit a woman directly to a maternity unit where the woman will have immediate access to skilled obstetric care, instead of having to go through an Accident and Emergency Unit where staff are not expert in the care of childbearing women. Davis-Floyd’s description of how Mexican midwives managed to marry traditional customs and practices with the modern gave us all much food for thought.

Holly Powell Kennedy gave the plenary address on the second day and asked if there was such a thing as normal pregnancy, labour or birth. She also asked if anyone wants to be normal. By describing the findings of some of her research (Kennedy, 1995, 2000; Kennedy et al., 2003, 2004) she showed how women who experienced midwifery care felt ‘special’, not normal! Kennedy described the actions of the midwives who were often fighting on the women’s behalf in order to ensure that labour and birth were as free from interference as possible. But she also described how it is the belief in normal birth that separates the practice of midwifery and obstetrics.

During the discussions that ensued throughout the days of the conference it was repeatedly stated that in order for women to be supported in their decisions the midwife had to be political. This is a theme that I have addressed before (e.g. Thomson, 1996, 1997, 1999, 2000, 2002a, b). Whilst in most of these editorials I have referred to midwives being political in order to fight for women’s rights and safe motherhood, midwives also have to be political to ensure that care in labour and at birth does not disrupt the physiological process.

‘Political’ is what Czech midwives have had to be for the last two or three years. They have been fighting for their very existence (see Thomson, 2004). Well the news is a little better. Zuzana
Stromerova of the Czech Association of Midwives has circulated a news item that suggests that following the passage of a new Act of Parliament midwives are going to be allowed to work without the supervision of a doctor. However, Zuzana reports concern because there have already been attempts to re-interpret the new law and constrain the practice of midwifery. It would appear that again doctors are more concerned about themselves than the needs of women in that at a meeting of the Czech Gynaecology and Obstetrics Society earlier this year it was claimed that there was only enough work for the members of that society, not for midwives. And yet, as I have pointed out the role of the obstetrician is not interchangeable with that of the midwife (Thomson, 2003). It would appear that the political fight must go on—the fight for the right of the midwife to practise and to protect women against the inappropriate use of technology.

References

Thomson, A., 1996. If midwives are going to contribute to the reduction of maternal mortality they have to be political as well as practise midwifery. Midwifery 12 (3), 107–108.