

Women's Way of Birth	Obstetric Way of Birth
<i>Cultural definition of birth</i>	
<ul style="list-style-type: none"> • Social event • Normal part of women's lives • Birth is work by the woman and her family and kin • The woman is a person passing through a major life transition 	<ul style="list-style-type: none"> • Potentially pathological process • Illness • Birth is work of doctors/nurses/midwives and other experts • The woman is a patient
<i>The setting for birth</i>	
<ul style="list-style-type: none"> • Home or other familiar surroundings • Informal system of care • In a woman's home or near • With other women of neighbourhood and family • Continuity of care • Woman free to change position and move about 	<ul style="list-style-type: none"> • Hospital, territory alien to the woman • Bureaucratic, hierarchical system of care • May be distant from woman's home • Woman is separated from those close to her • Discontinuity of care, e.g. shift changes/woman is moved from one room or one ward to another • Woman may not be free to change position and move about
<i>Caregivers: the support they give and the conduct of labour</i>	
<ul style="list-style-type: none"> • Older and more experienced women who are themselves mothers • See birth as holistic process • Shared decision-making between caregivers and woman giving birth • No class distinction between caregivers and woman giving birth • Equal relationship • Information shared • Personal caring - longer, more frequent, and in-depth prenatal visits • Often strong emotional support • Verbal and non-verbal encouragement • Familiar language and imagery used • Empathy • Cultural awareness because they are part of the same culture • Awareness of spiritual significance of birth • Believes in integrity of birth, uses technology if appropriate and proven 	<ul style="list-style-type: none"> • Young and older women who have often not themselves had babies, under direction of male obstetricians • Trained to focus on medical aspects of birth • Professional care that is authoritarian • Often class distinction between obstetricians and patients • Dominant-subordinate relationship • Information about health, disease, and degree of risk kept secret • Care depersonalized • Little emotional support • Lack of communication • Use of medical language • Threatening and often punitive behaviour, e.g. commanding, scolding, warning • Little cultural awareness of rituals, beliefs, social behaviour, values • Spiritual aspects of birth ignored or treated as embarrassing • Values technology, often without proof that it improves birth outcomes
<i>Techniques used</i>	
<ul style="list-style-type: none"> • Skills to preserve the physiological progress of labour • Usually intervention-free • Comfort skill, e.g. massage, hot and cold compresses, holding • Few resources to handle complicated obstructed labour 	<ul style="list-style-type: none"> • No skills to preserve the physiological progress of labour • Obstetric intervention • Drugs for pain relief • Skills and resources to handle complicated and obstructed labour, e.g. intravenous fluids, oxytocin stimulation, surgery

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