Hitting the Right Notes

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ABSTRACT

In this guest editorial, the author discusses her personal birth experiences, how her health-care provider's perceptions affected her care management, and how advocates for mother-friendly maternity care can impact the perceptions of health-care providers, families, and communities by using the most powerful messages about the value of natural birth.

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It's 2:00 a.m. I have just arrived at the hospital. I am 35½ weeks pregnant. My water broke a few hours earlier, and I have just discovered that my baby is breech. My VBAC and breech-friendly obstetrician is not on call.

I tell the chief resident overseeing my case that I am working toward a VBAC (vaginal birth after cesarean). She aggressively works to expedite me to the operating room. Ignoring my baby's strong heartbeat on the monitor, she reviews the risks of an emergency cesarean versus a planned cesarean, and the horrors of breech birth. She offers no discussion about the risks of surgery to me or my baby. Nor is there any discussion about research relating to breech or premature rupture of membranes, my options, or my rights as a patient.

It was the "have a cesarean or have a dead baby" speech. I had heard other women recount this speech from their own experiences many times before—but at 2:00 a.m., scared and very pregnant, it held a lot of power.

Why the hard sell from this obstetrician? Yes, the reasons are too numerous to discuss here, but one thing became clear as she turned up the pressure for surgery. She viewed me as one of "those" mothers.

You know, a "birth nut." A mom more concerned with having birth balls, candles, and serene music than with having a healthy baby.

In my years of being involved with birth issues, I've often heard mothers tell birth stories that involved a health-care provider who clearly believed the mother was being reckless with her baby's life, and that the provider was the only one interested in a good outcome.

But here is the thing: Sometimes, we in the natural birth community give our physicians, friends, families, and neighbors reasons to be leery of our motives. Our talk about the "experience" of childbirth peppers our conversations and affirms to doubtful audiences that women who want low-intervention or natural birth are selfish, compromising the health and safety of their babies for that "mountaintop" experience.

As a public relations professional by trade, I have spent much time thinking about how we cut through the information-overload that moms today face and make a compelling case for natural or low-intervention birth to a bigger audience. How do we get through to those "mainstream" moms who agree to a laundry list of interventions in their

births, never once suspecting that they may be receiving second-rate care?

A Facebook friend of mine recently posted a link to an article called “35 Reasons to Choose a Home-birth” (<http://www.care2.com/greenliving/35-reasons-to-choose-a-home-birth.html>). The author got off to a good start by citing safety and reduced risk for cesarean. But as the list progressed, the reasons veered off: “It’s quieter.” “You can birth outside, in a teepee!” “You can use as much sage, incense, and candles as you like.” I surmise that the first-time mother who clicks on the link out of curiosity might think to herself, “But what if something happens? The candles aren’t worth it,” and navigates away from the page.

I’ve done the same thing myself. A reporter once asked me what was so bad about my cesarean. I could have talked about the painful recovery, the nearly failed breastfeeding relationship with my son, or the limits it placed on my future birthing choices. Instead, I botched my answer by talking about how emotionally disappointing it was.

None of these messages is wrong. In truth, the emotional aspect of birth is undervalued. I have heard Sarah Buckley, a renowned family physician and writer on maternity care practices, speak about the intricate hormonal processes around birth, and her words resonate. Our emotions affect our physical state, so when we talk about the emotional well-being of mothers, we are actually talking about creating optimal conditions for a physically safe birth. I have no doubt that if Lamaze adds a seventh healthy birth practice to the existing six, it will say something like, “Keep the mother feeling happy, safe, and private.”

But the universal rule in communications is that your audience’s attention span is short. Among those audiences who have yet to “get it,” we have

to make our words count. We do that best when we talk about the health and safety of mothers and babies.

Talking about natural birth as a life-affirming, amazing high fails to impress. Even if, on some level, women want that positive birthing experience, they don’t give themselves permission to pursue it. Too selfish. It has to be about the safety and well-being of their babies.

Of course, we have plenty to tell our audiences about the relationship between natural birth and good outcomes for mothers and babies. It’s heartening to see the case for natural birth become clearer, more powerful, and more evidence-based, as advocates and birth organizations respond to the growing imperative to improve maternity care in the United States.

By choosing our messages with care, we have the power to elevate natural birth from being a slightly hippie subculture to the safe and healthy standard that every health-care provider is obligated to uphold, and that every mother should demand.

As for the birth of my third child, the chief resident miscalculated me. I wasn’t on a quest to have an “experience.” I was on a quest to navigate around the obstacles I faced and get through the birth with my baby and me unscathed. With a good understanding of the evidence and my options, as well as support from my family, my watchful primary obstetrician, and my doulas, I was able to birth a double-footling breech baby 13 days postrupture. He was safe and healthy. I was safe and healthy.

Yes, it was exhilarating—but don’t tell anyone.

BERNA DIEHL is the mother of three boys. Her first child was born via cesarean surgery, and her other children were born by VBAC.

Read a review of Sarah Buckley’s updated book, *Gentle Birth, Gentle Mothering*, in the “Media Reviews” column on pages 63–72 of this issue of *The Journal of Perinatal Education (JPE)*.

To view the six Lamaze Healthy Birth Practices, log on to the organization’s Web site (www.lamaze.org). Also, read about the updated versions of these practices in Judith Lothian’s “Navigating the Maze” column on pages 48–54 in this issue of *JPE*.

In this issue of *JPE*, Ashley Gatewood presents new ways for childbirth educators to communicate the Lamaze message of promoting a natural, safe, and healthy birth. See the “Tools for Teaching” column on pages 55–57.