Commentary on the Consensus Statement— Centering the Norm: Let’s Make “Normal Birth” Usual Again

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ABSTRACT

In this column, Elizabeth Mitchell Armstrong provides expert commentary on the article “Supporting Healthy and Normal Physiologic Childbirth: A Consensus Statement by ACNM, MANA, and NACPM.” The consensus statement on normal physiologic birth points the way to recenter social norms and expectations around birth.

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As you read this, thousands of women across the United States are in the midst of labor and birth. Almost all of them are in hospitals; most of them are hooked up to electronic fetal monitors and intravenous (IV) lines; most of them are receiving drugs to reduce pain; many of them are experiencing a labor that has been hastened or augmented by yet more drugs; many of them will spend the magic moments and hours just after birth separated from the newborn babies they are working so hard to bring into the world. One in three will experience a major surgical intervention rather than a spontaneous vaginal birth.

Is this normal? Yes and no. The typical American birth—characterized by high levels of medical intervention and widely viewed as dangerous and frightening by women and providers alike—is far from the vision of “normal physiologic birth” as articulated so eloquently in the recent consensus statement from the American College of Nurse-Midwives (ACNM), the Midwives Alliance of North America (MANA),

and the National Association of Certified Professional Midwives (NACPM). It is worth repeating here the succinct definition developed in the consensus process. “A normal physiologic labor and birth is one that is powered by the innate human capacity of the woman and the fetus.” Powered by the innate human capacity of the woman and fetus, not driven by fear or impelled by technology. Yet in contemporary American society, normal birth as defined in the midwives’ consensus statement is no longer, in fact, the norm. The factors that the consensus statement identify as disruptive to normal physiological childbirth—induction or augmentation of labor; an unsupportive environment; time constraints; the use of opiates, analgesia, and anesthesia; separation of mother and infant—are in fact normal practice in

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maternity care. Moreover, precisely because they are so characteristic of the American way of birth, these interventions are experienced as utterly normal by many women.

How can normal be so abnormal? When sociologists talk about “norms,” we often distinguish between so-called social norms and statistical norms. A *statistical norm* is an average; it’s a quantitative assessment that describes a typical pattern in any given group. *Social norms*, in contrast, are the often unspoken rules that govern behavior in a given social setting. Norms also describe our attitudes and expectations for how the world ought to work and how people ought to act. Statistical norms and social norms are often intertwined. When something occurs often enough (i.e., a statistical norm), it can come to be a social norm as well. (More rarely, social norms can help create statistical norms, as social expectations shift and people change their behavior accordingly.) In the United States today, many women regard highly medicalized care, with multiple interventions, as the “normal” way to give birth. Even cesarean surgery is no longer seen as extreme, as drastic, as a last resort, as something to be avoided. (And indeed, to the despair of many birth advocates, cesarean surgery is fast becoming a statistical norm in many hospitals.) As birth interventions have become routine and as cesarean surgery

for birth becomes ever more prevalent, social norms around birth are shifting—often in ways that push us away from the very definition of “normal birth” that the midwives’ consensus statement so clearly articulates.

Childbirth educators know that how we talk about birth can set women’s expectations for the experience as well as shape their fundamental understanding of how birth works. The ACNM, MANA, and NACPM have joined forces to send a powerful message about what normal birth is and what normal birth can do for women and babies. The consensus statement—along with the action and advocacy that it is designed to spur—represent an attempt to correct our course: to restore normal physiologic birth to its place at the center of social norms, expectations, and institutional arrangements around birth; to make “normal physiologic birth,” as defined in the statement and as embodied in the Lamaze philosophy of birth, the normal—that is, the usual, typical, expected, and most commonly occurring—way to give birth in the United States. The consensus statement developed jointly by ACNM, MANA, and NACPM points the way to reestablishing the primacy of physiologic birth as normal—in the dual sense of the most typical and the expected. Yet, the midwives’ consensus statement does more than merely define what a normal physiologic birth is; it also illuminates what a good birth is. Childbirth educators are uniquely positioned to remind women that a physiologic birth is not only normal but is also a good worth pursuing.

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