

You Want to Give Birth Where?

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Issue 140, January/February 2007
Mothering.com

At first critical of homebirth, a thoughtful expectant dad comes to understand why women choose to labor at home.

It was 1999 when my wife, Windy, told me that her pregnant friend Mirm planned to give birth at home. I responded with a rhetorical challenge that she justify this lunacy: "At home? Why? Why in the world?"

We had no children at the time, but we talked that night about our plans, and affirmed our intention that our own baby would someday be born in a hospital, of course. Having babies at home seemed nonsensical, a rebellion against hundreds of years of hard-earned medical experience and technological development, a rebellion that would put two lives and a family at risk for the sake of some crunchy, organic experience. Before modern obstetrics took charge, didn't women and babies regularly die in childbirth? No one can force you to accept an epidural, but you should at least be where a team of doctors can intervene immediately, if required. Otherwise, if something went wrong—if you were at home, the baby halfway out, waiting for an ambulance—how could you live with yourself? Who would take such a risk? For what? Mirm had clearly gone over the edge.

Four years later, I was in a car with my mom when I casually mentioned that Windy and I had decided to have our first child at home. "No, no doctors. Just a midwife and a birth assistant—and me." Her response was restrained, but echoed my own of four years prior.

In the intervening years, Windy and I had completely changed our perceptions of childbirth. For most of that time I hadn't given a second thought to where Windy would give birth—we'd bought a fixer-upper of a home in Washington, DC, and I was consumed with my efforts to make it habitable.

However, owning a home meant that most of our neighbors were no longer university students or single professionals. For the first time, we were surrounded by people our age and older, who either had children or soon would have. At potlucks and chance meetings, we learned that many of the families in our progressive neighborhood had begun with an out-of-hospital birth. It surprised us to see that none of these people seemed to have gone over the proverbial edge. These families included a lawyer, a World Bank manager, a political chief of staff, and a father with a PhD in physics from MIT. In each case we heard their stories firsthand, and in some cases we shared with them our prejudice against homebirth and asked for more information. Along the way we learned that the Washington, DC area has cesarean-section rates that are among the highest in the nation. Windy began reading.

My wife is one of the most independent-minded people I have known. She will latch on to an issue affecting her and study it relentlessly, with a scientist-like curiosity and impartiality, until she reaches a reasoned conclusion. At some point, it became clear to me that Windy was no longer comfortable with our assumption that a hospital birth was best.

Windy began learning about the midwife model of care available at home, at birthing centers, and at some hospitals. Knowing that any decisions to be made regarding pregnancy and delivery were largely hers, trusting her decision-making approach, and knowing that this approach was often circuitous, I tried to give her plenty of space. She did her best to relate what she was learning.

"You don't have to read the whole thing," she would say, "just the part I marked." Off I would go on my morning Metro commute with a book by Henci Goer in my work bag. And another week of "Did you read it?" and "No, not yet!" had begun.

I soon sensed a shift in Windy's thinking and tried to head it off. "Our insurance probably won't cover an out-of-hospital birth."

"Yes, they do," she said. "I checked." It was time for me to start paying attention.

In a short time, I came to understand something important: All of my perceptions about childbirth were rooted in a commonly held belief that we could not know until after the birth whether the hospital emergency services we wanted to be close to would be required during the birth. This perception was the biggest obstacle I had to overcome in understanding and accepting out-of-hospital labor and delivery.

I learned that a normal pregnancy in a healthy woman is a reliable indicator of a birth that can be categorized as "a normal physiological event." A midwife would not consent to deliver our baby outside a hospital unless she was satisfied that Windy was healthy and that her pregnancy was progressing normally. If Windy's pregnancy exhibited any of the risk factors midwives screen for, she would give birth in a hospital. Those risk factors include heart disease, high blood pressure, polyhydramnios (too much amniotic fluid), prematurity (delivery before 37 weeks), postmaturity (delivery after 42 weeks), multiple births, baby not positioned to deliver head-first, and placenta problems such as previa (the placenta covers the cervix) or abruption (part of the placenta separates from the uterus).

Statistically, both of the following are true: 1) If Windy's pregnancy proceeded without complication, the chance that she or our baby would encounter a difficulty during birth that required hospital care was extremely low; and 2) The likelihood that the hospital setting and routine hospital procedures and interventions might result in a C-section was relatively high.

About the time we were ready to conceive and our fixer-upper was nearly fixed up, we attended preconception information sessions at a reputable birthing center in Bethesda, Maryland, 20 minutes from our home. When Windy became pregnant, we stayed with this midwife practice through the first 20 weeks of pregnancy. We drove there for Windy's prenatal appointments and would often wander upstairs, wondering in which of the three home-like rooms our baby would be born. Everything seemed to be in place. I was happy and looking forward to meeting our first child. Meanwhile, Windy continued reading.

We were in the car. "We could have our baby at home."

"Why?"

"It would be more comfortable."

The homebirth thing still retained for me an association with the wacko fringe. Because birthing a child is an exceptional human experience—a rite of passage into parenthood—birthing a child at home is an exceptional departure from our societal norms. It's not the same as declaring yourself a vegetarian or leaving the barbershop with a Mohawk. Windy was preparing to birth another human being—one incapable of defending its own interests—not only our child, but the grandchild, great-grandchild, and niece of others. Our home did not seem suited to having a baby. "Wait— I thought they don't do homebirths." "They don't. We'd have to switch to BirthCare in Alexandria."

"Why? No, wait. We know all of these midwives, and you're 20 weeks along. Why change now?"

Windy explained that it wasn't just the physical comfort of our home she anticipated; it was that, combined with the psychological comfort of being at home and not commuting during labor. It was about how being comfortable contributes to a labor that progresses steadily and naturally.

Still, it seemed too radical a change to make halfway through this thing.

"Our lives are going to be more complicated already, just having a kid. Have you thought through all of the . . ." I didn't continue.

She explained that the only practical difference between delivering in a birth center (detached from a hospital) and at home is the commute to and from the center, at a time she would least feel like getting into a car and driving someplace.

"What about the deep Jacuzzi tub you were looking forward to?"

"We can rent one for \$200."

Once we'd decided on a homebirth, we had entered the fringe group I had derided. According to the Centers for Disease Control, from 1989 through 1999, only about one in 200 babies was born outside a hospital with a midwife attending. Because this number combines birth-center and homebirths, the number of babies born at home is likely much smaller.

While some family and close friends expressed concern and apprehension at our decision, the response of strangers or acquaintances was often neither concerned nor supportive, but some variation of "Oh my gosh, you/she must be brave; I/we could never do that." This response was maddening because it negated the only important reason for our decision to have a homebirth: We had decided that it was the safest approach for Windy and the baby. Our decision had nothing to do with bravely forgoing anesthesia or making a political statement. But it seemed that any response I might make, however polite, appeared to be a critique of the other person's choice of a hospital birth.

When it came time to sign up for a birthing class, we chose the Bradley Method on the strong recommendation of a trusted neighbor. The first Bradley class began with a graphic video of a natural childbirth. Neither of us had ever seen anything like it. Every subsequent class began this way, and what we'd first perceived as shocking and gory became interesting and clinical. By the fourth session we'd learned enough to watch for the fluid expelled from the baby's mouth as it emerged, squeezed, from the birth canal. We noted that no woman delivering outside of a hospital chose to give birth lying on her back. By class twelve, the birthing videos were anticipated and . . . beautiful. At some point during this class, out-of-hospital labor and delivery became, for us, conventional wisdom—our new reality.

Reading the anxious look on my mom's face, I recalled my own point of view four years earlier. I told her what I had learned about the risks of a hospital birth. I listed the all-too-common sequence of unnecessary medical interventions that lead to cesarean deliveries. I recalled statistics about the prevalence of homebirth in other developed countries. I spoke about the books Windy had read and the classes we had attended. I assured my mom that it wasn't about being at home as much as it was about being away from the hospital. I emphasized the trust we had in Eileen, our midwife-to-be—a calm, capable woman who had successfully delivered hundreds of healthy babies.

Like me four years earlier, my mom had no reference for this kind of thinking. She had not read Ina May Gaskin or Henci Goer. She had not seen numerous films of women giving birth outside of hospitals, or the accompanying pre-labor, in-labor, and postpartum interviews. She hadn't heard women relate firsthand how being on their backs, prohibited during labor from eating or drinking as they pleased, tethered to an IV, and subjected to incessant fetal monitoring, impeded their labor. She hadn't yet seen enough to question the use of medieval-like stirrups.

While she accepted our conclusions, I knew that she could not help but retain some apprehension. At the same time, I found an unexpected value in our conversation. It was not unlike dating a woman for a while, then bringing her home to meet the parents. Invariably, no matter how much time I might have spent with this person alone and in the company of friends, on that evening I would see her in an entirely new context that was often illuminating. In the case of presenting our homebirth decision to my mom, I felt for the first time the gravity of the matter and, despite the confidence I felt in our reasoned decision, I worried at first that at some point Windy and I had become biased and were giving undue weight to evidence that supported an appealing aesthetic over the conventional wisdom and reality I had embraced all of my life. I didn't come from a family of homebirthers. I considered this for weeks, but ultimately affirmed and reinforced my convictions.

Months later, having labored all over the house, Windy delivered eight-pound, two-ounce Eleanor Lee in our bedroom. My mom was overjoyed and flew out to meet her granddaughter. She was relieved that everything had turned out OK despite our atypical choice. Our experience did not completely sell her on homebirthing, but it developed in her an awareness—and a degree of acceptance—she did not previously have.

Looking back, my transformation from homebirth skeptic to homebirth advocate seems unlikely. In most communities, we are taught from birth that babies are born in hospitals. And because nearly all American babies are born in hospitals, alternatives are marginalized.

Surprisingly, hospital-based obstetrics is a relatively recent concept, but one that has a stranglehold on our culture. Every pop-culture birthing reference I have ever been exposed to assumes—and celebrates—hospital births. Bill Cosby's Dr. Huxtable never woke tired after spending the night delivering babies in people's homes. The only TV show I can recall in which an out-of-hospital birth was successfully depicted is CHiPs, and then only because we knew the mother was in that car because she was en route to the hospital—or was it the episode in which labor came on suddenly, on the disco floor? Regardless, we knew that this character had not intended to give birth anywhere but in the hospital. Oh yeah—in Little House on the Prairie, Doc Baker delivered babies at home in Walnut Grove. But the inference was clear: that was how they did it back then, when they had only oil lamps and no cars. So prevalent is the culturally inculcated link between hospitals and childbirth that many healthy women with low-risk pregnancies are better suited to a hospital delivery because that is the only place they can feel comfortable.

Hospitals are essential places for addressing human physiological problems and damage. But this fact does not make the hospital environment ideal, preferable, or even adequate for a childbirth in which no physiological problems or damage are anticipated. An increased prevalence of out-of-hospital childbirth requires cultural awareness, acceptance, understanding—and, ultimately, cultural preference. Windy and I are fortunate to live in a neighborhood with a microculture that straddles the phases of acceptance and understanding, a neighborhood that has prompted us to learn more. There are surely other communities like ours across the country.

Windy homebirthed another member into our community this past spring. This time, undaunted by first-time trepidation, I took it all in much more carefully. Frances Ann's arrival was not radical or brave, and should not be so rare. On the night of her birthday, for the second time, I watched the miracle of human birth unfold unhindered.

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