

Linking natural safe birth to women's independence

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NATURAL safe birth goes hand in hand with autonomy and independence for women, says Astrid Limburg.

She is one of the new generation of Dutch midwives. In partnership with two other midwives her independent practice attracted about 350 clients last year.

She is a militant fighter for the midwives' role and works closely with prominent midwife Beatrys Smulders, vice-president of the Dutch midwives association (the Netherlands Association for Wise Women).

Through her practice about 90 per cent opt for home birth.

"A woman has to give birth where she feels safe, whether at home or in the hospital, because there she delivers best."

Limburg says: "The Government says if you are healthy it's very responsible and safe to deliver at home."

"If you want to deliver in hospital that is a choice but then you have to pay for the hospital room."

"I think this is a hidden persuader to give women self-confidence."

Within Limburg's practice the three midwives work a duty roster and every client sees each midwife.

In some joint practices the clients have their own individual midwife.

Limburg says in her practice the midwives are trying to make women self-confident and independent.

"Some clients ask if we will be on call when they are giving birth."

"We never say we will try to be there because that is making yourself too important."

"She has to know that she is doing the birth and that she can do it."

Limburg says there is an advantage in Holland where giving birth at home is an accepted option.

"Giving birth at home is a national asset and it's never gone away. It went down during the 1970s but never completely vanished."

Limburg describes the Dutch as having a "healthy doubt in medical omnipotence".

She tries to get across to women that a successful birth is not necessarily one without complication. But being in charge of the birth is important.

"You were in charge, you were doing the birth. It might have been an artificial birth with an obstetrician, but it's fantastic to see a woman working with an obstetrician — not having it done for her."

"She feels the same as a woman who has a natural birth because the baby wasn't pulled out of her — she pushed with the obstetrician."

She believes the Dutch midwife has been able to hold onto her position because obstetricians have always had to recognise her as an independent practitioner.

"Here in Holland, in a way, we are complementary."

There are midwives and maternity aid nurses working with women having normal pregnancies and births, and obstetricians and hospital staff working with women with complications.

Beatrys Smulders says the influence of midwives has meant hospitals have had to adapt their approach to women giving birth.

"The obstetricians have been influenced to meet the particular wishes of women in labour, and the result is that the doctors in Holland intervene less."

For Smulders and Limburg the fight ahead is to ensure home birth retains a place in Dutch obstetrics.

What is wrong with hospital births?

Smulders says: "For women, it means that they are always, and often unnecessarily, submitted to standard procedures."

"However flexible and open-minded the hospitals present themselves, invariably the woman in labour is turned into a patient and she loses autonomy, independence, self-confidence and strength — in short, qualities which are vital for effective contractions and, ultimately, for a successful, uncomplicated and safe birth. She unnecessarily becomes a risk."

Retaining home birth is the key to midwives wanting to maintain their independent status.

Smulders says if home births are prohibited, most midwives will lose their independence. With that would go specific skills, their reliance on nature and the capacity to differentiate high-risk from low-risk situations.

Midwives would be downgraded to obstetricians' handmaids.

She says most Dutch midwives work very long hours, for too little.

Little time is left to evaluate their work, to do research or contribute to the union of midwives.

This has led to some worrying trends for those pushing to maintain the independence of the profession.

Limburg says midwives are warned not to opt to do too many hospital births.

A midwife on duty in the weekend and wanting some free time might more easily refer a woman in labour to an obstetrician.

Some midwives refuse to do home births because they are more time consuming.

Limburg says hospital deliveries are easier for the midwife. All the equipment and materials are on hand and the midwife has the hospital back-up and therefore less responsibility.

The Dutch system has attracted a lot of interest from foreign midwives and obstetricians.

Limburg says the breakdown of European borders has encouraged many midwives to seek work in Holland.

As a member of the Commission for Foreign Midwives she is one of those debating the issues this raises.

She says the foreign midwives are not trained in selecting out physiological and pathological pregnancies — the essence of the Dutch system.

"Midwives are concerned there will be accidents and these midwives will not have the confidence to work at home — which is what the obstetricians would like — midwives at hospitals as handmaidens."

However, the foreign interest has also encouraged the Dutch home birth movement.

Smulders told a London midwifery conference in 1987: "We felt that everywhere in the Western world people were working very hard to get home birth accepted in their society again. This support has been an inspiration for our survival."

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