Samen Bevallen

Bevalling, verlangen en angst: Van ‘free birth’ tot ‘keizersnijden op verzoek’

Birth, desire, and fear: From ‘free birth’ to ‘cesarean on demand’

RG de Vries

Academie Verloskunde Maastricht

Academie verloskunde Maastricht vroedvrouwenschool sinds 1913

UM

ZUYD

Mijn opdracht:

Mijn opdracht:

“We would like you to **build a bridge** between the extremes of the medicalisation of birth. One side wants to **‘have it all’** and the other side is willing to give **‘unassisted birth’**.”

Maar, ik ben socioloog…

Know the terrain!

But first:
The surprises of sociology

The only real voyage of discovery consists not in seeing new landscapes, but in having new eyes, in seeing the universe with the eyes of another, of hundreds of others, in seeing the hundreds of universes that each of them sees.

(Marcel Proust)

The surprises of sociology

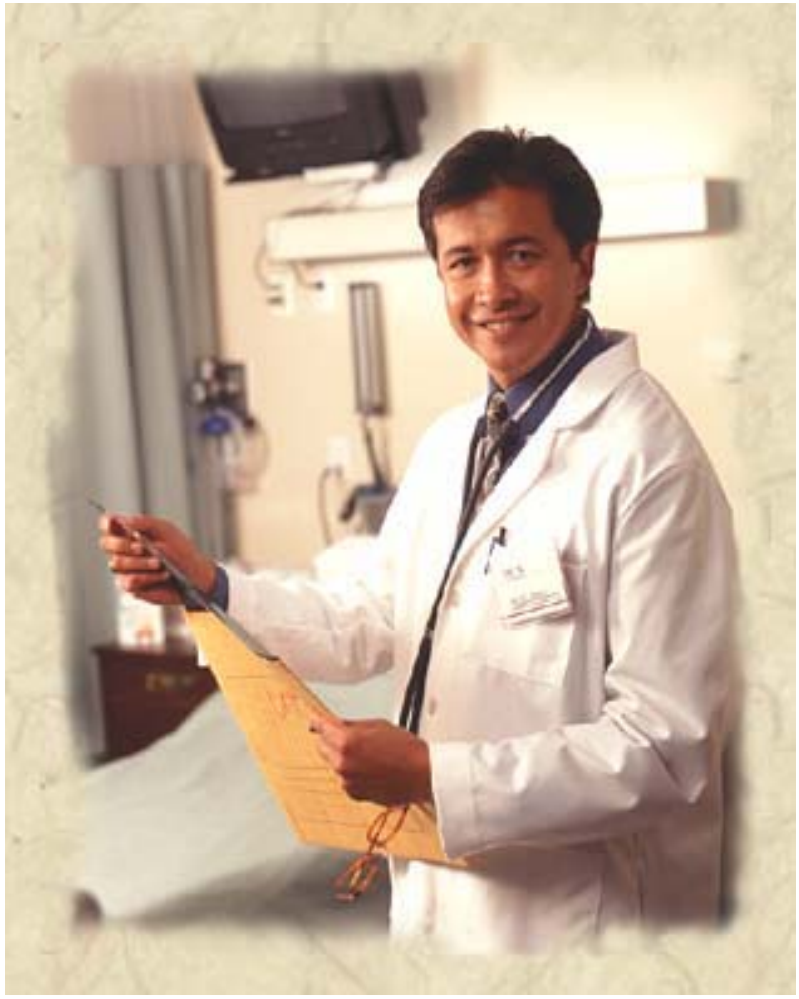
Prisons

And

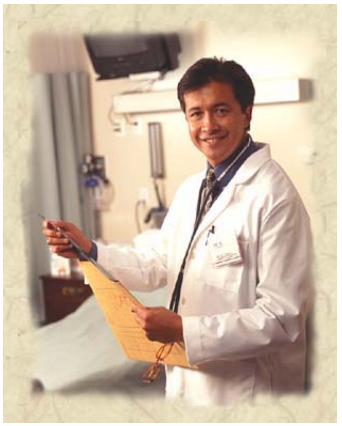
Hospitals =

Total institutions

The surprises of sociology



The surprises of sociology



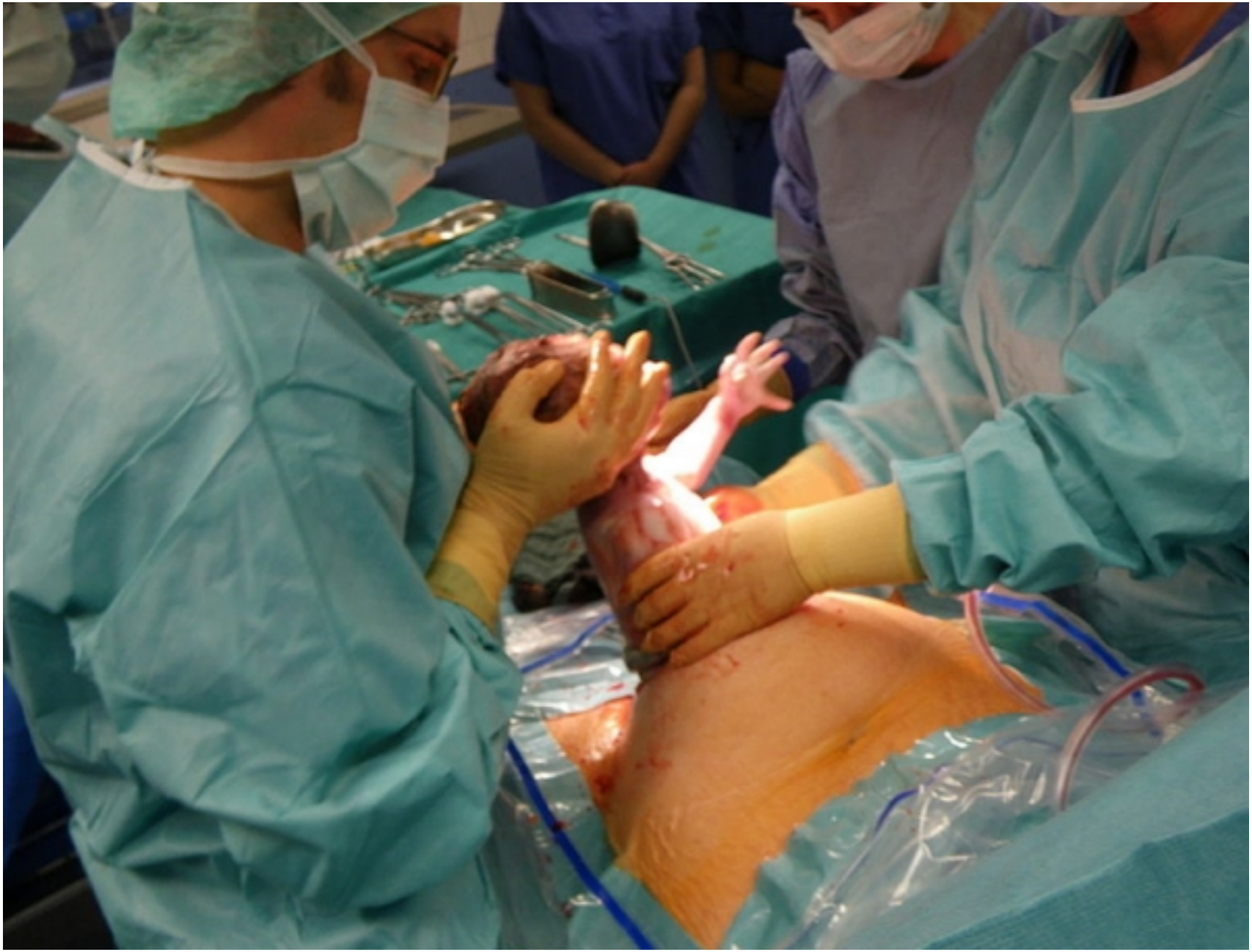
Ideology

Fee for service =
The best medicine

Stripping =
Dramatic art

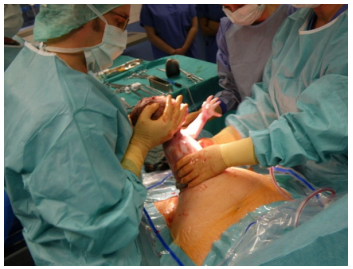
Ideology = views that serve to rationalize the vested interests of some group.


Sarah Schmid
Freebirth
Self-Directed Pregnancy and Birth
✓Basic knowledge
✓Illustrations and photos
✓Personal stories
edition riedenburg

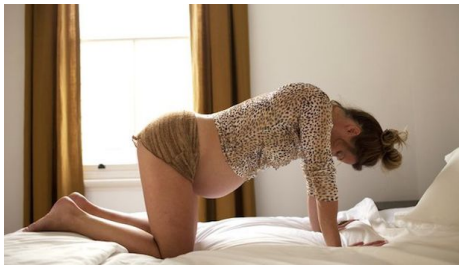


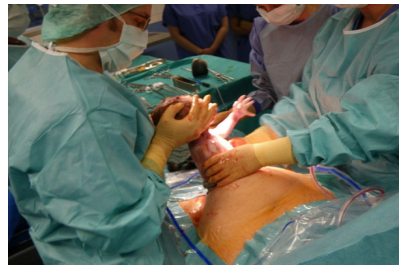
They seem so different!

They seem so different



But they have a lot in common



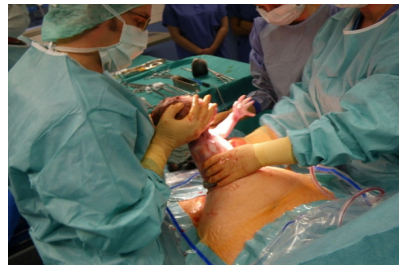


They share the same desires:

1. Healthy birth, baby, self
2. Empowerment

Birth is an opportunity to **realize my strength and power** as a woman!

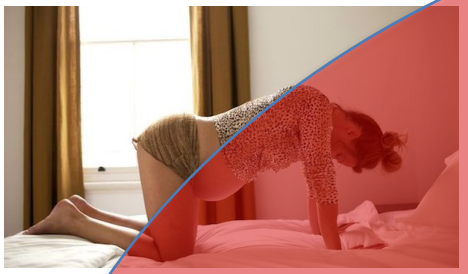
Medicine will **eliminate risk** and allows me to set the time and place of birth.

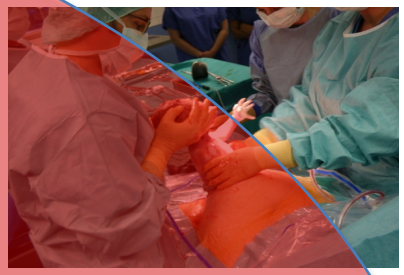


They also share **fear**

Birth is safe
Medical Intervention
increases risk

Birth is dangerous
Medical interventions
reduce risk



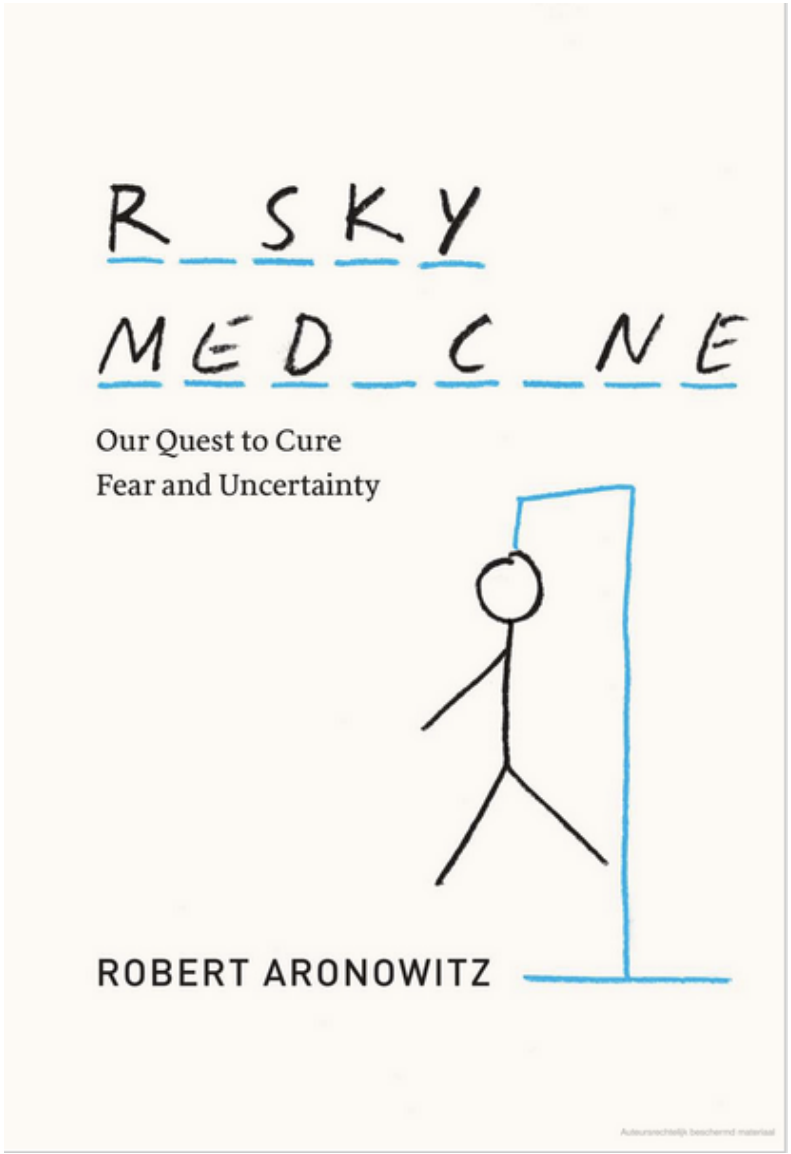


Desires and Fear

R I S K

Birth is safe
Medical Intervention
increases risk

Birth is dangerous
Medical interventions
reduce risk



Disease and the **risk** of disease have become collapsed to the point that it's no longer always clear which one we're actually treating.

Hoe creëren we angst ?

- Met ons taalgebruik: “laag risico geboorte” in plaats van “fysiologisch geboorte”.
  - Geen luchtvaartmaatschappij zegt: “Neem onze ***laag-risico vlucht*** naar Londen!”

    Of:
  - In een cafe: “Liever een ***laag***-risico of ***hoog***-risico diner? (dwz: vegetarisch of varkenssaté)
    - Voeding benaderen als ‘risico’ kan ultimo tot pathologie (anorexia) leiden

Wat zijn de effecten op vrouwen en hun partners?

- **Algemene**: Een cultuur van angst rondom zwangerschap en geboorte:
  - "Ik heb alles (of niks) bij de hand nodig!"

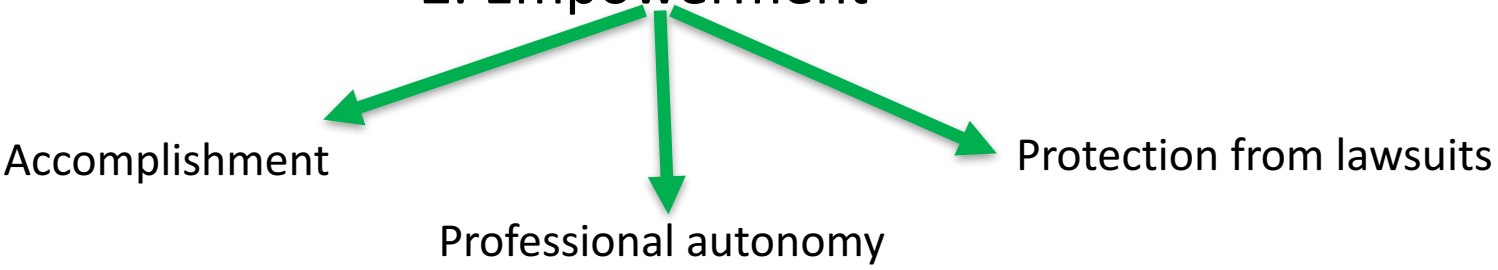
- **Specifiek**: geboorte-angst wordt verbonden met:
  - Psychische klachten (pre- en post-partum)
  - Toenamen van keizersneden
  - Dystokie of "protracted labor"

Zorgverleners hebben
verlangen
en angsten ook

Desires

1. Healthy birth, baby, and mother

2. Empowerment



Zorgverleners hebben
verlangen
en angsten ook

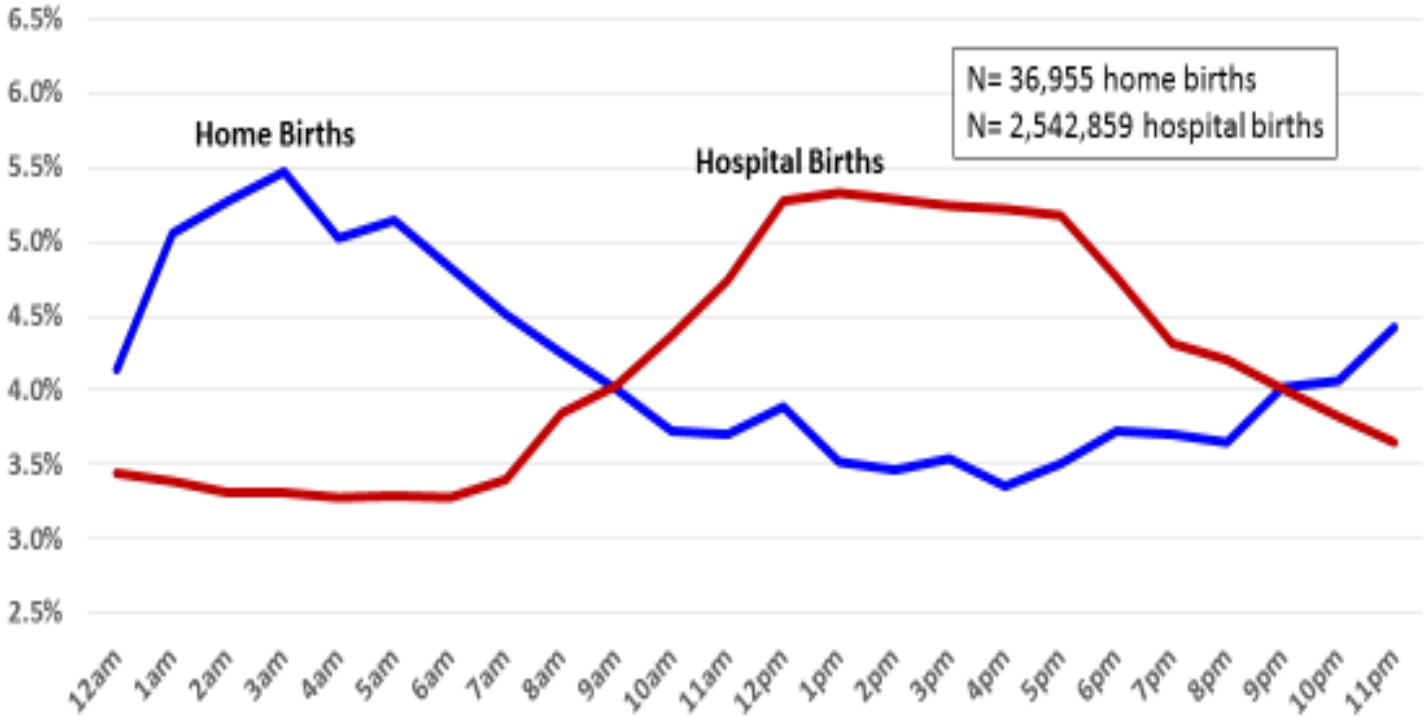
Fears

Birth is dangerous!

Organizational surveillance

- Bewust of onbewust: zorgverleners zijn bang!
  - UK Studie toont aan: veel gynaecologen kiezen voor een keizersnede bij de ***fysiologische*** geboorte van hun eigen kind (17%);
  - echter, als de geschatte gewicht van de baby is > 4.5 kg het percentage stijgt tot **68%.**

Distribution of Home & Hospital Vaginal Births by Hour, 47 U.S. States, 2014



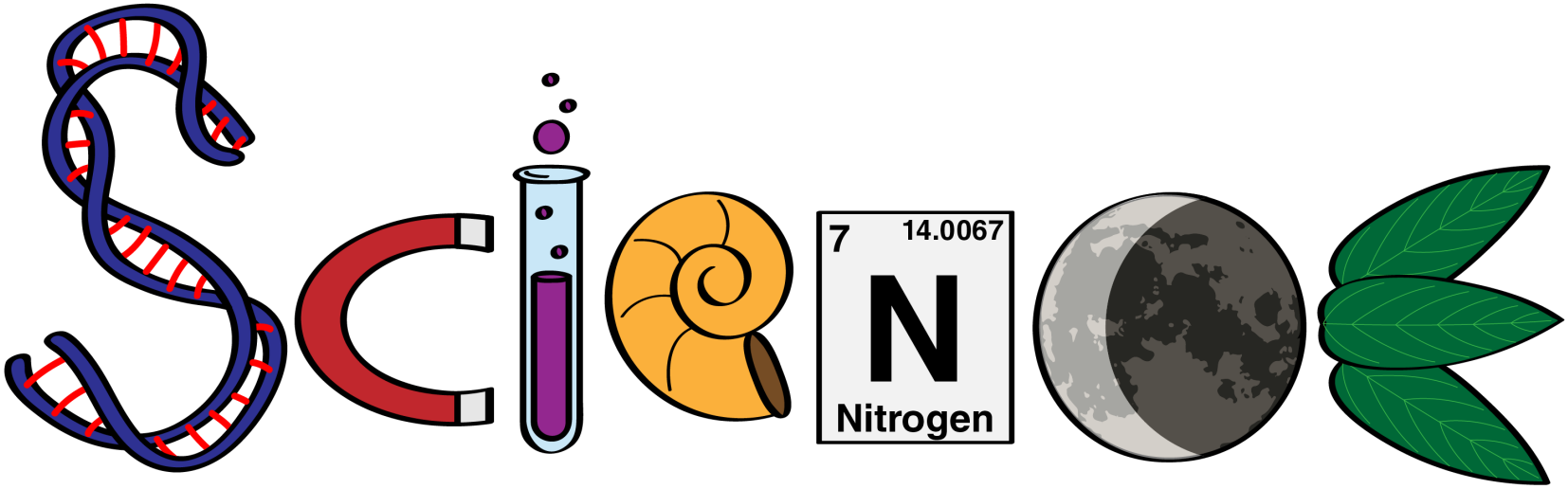
- Waarom? Professionele socialisatie: gynaecologen zien alleen pathologie, daarom ***is*** geboorte gevaarlijk voor hun

https://www.youtube.com/watch?v=dCiQrcP0Qas

Je weet wat je ziet en je ziet wat je weet

R I S K

But we live in an age of science!



Science can provide the answers we need!

Well, maybe not…

There is an unexplained excess of adverse events in midwife-led deliveries in New Zealand where midwives practice autonomously. The findings are of concern and demonstrate a need for further research that specifically investigates the reasons for the apparent excess of adverse outcomes in mothers with midwife-led care.

PLOS | MEDICINE

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OPEN ACCESS

PERSPECTIVE

Improving Research into Models of Maternity Care to Inform Decision Making

Ank de Jonge, Jane Sandall

Published: September 27, 2016 • http://dx.doi.org/10.1371/journal.pmed.1002135

First, in Wernham et al.'s study, only infant outcomes of pregnancies equal to or greater than 37 weeks were reported…**Second**, Wernham et al. compared women based on their lead maternity carer at first registration in pregnancy…**Third**, it is not possible to draw causal relationships from observational studies…The authors did not control for place of birth or distance to hospital.

Just the most recent example…

Is hospital/home birth safe?

"A **hot** debate"

Equally safe
(> interventions in hosptial)

- de Jonge et al., 2009
- Janssen et al., 2009
- Hutton et al., 2009
- van der Kooy et al., 2011
- Birthplace, 2011
- de Jonge et al., 2014
- de Jonge et al., 2015
- Wiegerinck et al., 2015

Home not safe

- Wax et al., 2010
- Kenare et al., 2010
- [Evers et al., 2010]
- Birthplace, 2011
- Snowden et al., 2015
- Wernham et al., 2016

BMJ

Perinatal mortality and severe morbidity in low and high risk term pregnancies in the Netherlands: prospective cohort study

Annemieke C C Evers, PhD student, resident in gynaecology,[1] Hens A A Brouwers, neonatologist,[2] Chantal W P M Hukkelhoven, epidemiologist,[3] Peter G J Nikkels, pathologist,[4] Janine Boon, gynaecologist,[5] Anneke van Egmond-Linden, gynaecologist,[6] Jacqueline Hillegersberg, paediatrician,[7] Yvette S Snuif, gynaecologist,[8] Sietske Sterken-Hooisma, midwife secondary care,[9] Hein W Bruinse, professor of obstetrics,[1] Anneke Kwee, gynaecologist[1]

Infants of women who were referred by a midwife to an obstetrician during labour had a 3.66 times higher risk of delivery related perinatal death than did infants of women who started labour supervised by an obstetrician

BJOG
An International Journal of Obstetrics and Gynaecology

Perinatal mortality and morbidity in a nationwide cohort of 529 688 low-risk planned home and hospital births

A de Jonge,[a] BY van der Goes,[b] ACJ Ravelli,[c] MP Amelink-Verburg,[a,d] BW Mol,[b] JG Nijhuis,[e] J Bennebroek Gravenhorst,[a] SE Buitendijk[a]

[a] TNO Quality of Life, Leiden, the Netherlands [b] Department of Obstetrics and Gynaecology, Amsterdam Medical Centre, Amsterdam, the Netherlands [c] Department of Medical Informatics, Amsterdam Medical Centre, Amsterdam, the Netherlands [d] Health Care Inspectorate, Rijswijk, the Netherlands [e] Department of Obstetrics and Gynaecology, Maastricht University Medical Centre, Maastricht, the Netherlands
Correspondence: Dr A de Jonge, TNO Quality of Life, P.O. Box 2215, 2301 CE Leiden, the Netherlands. Email ankdejonge@hotmail.com

"No significant differences … between the outcomes of planned home and planned hospital birth…"

How can this be?

Science is done by human beings…

Prone to bias…

"WHILE DOING THE RESEARCH, KEEP IN MIND THERE ARE ONLY TWO KINDS OF FACTS... THOSE THAT SUPPORT MY POSITION... AND INCONCLUSIVE."

Researchers: **getting** the numbers and **interpreting** the numbers

Verloskundigen

- The system **is** safe
  - Home birth is safe
  - Risk selection works

Gynecologen

- The system is **not** safe
  - All births should be in the hospital
  - Risk selection does not work

You know what you see and you see what you know

Planned Home Compared With Planned Hospital Births in The Netherlands

Intrapartum and Early Neonatal Death in Low-Risk Pregnancies

Jacoba van der Kooy, MD, Jashvant Poeran, MD, Johanna P. de Graaf, MSc, Erwin Birnie, PhD, Semiha Denktaş, PhD, Eric A. P. Steegers, MD, PhD, and Gouke J. Bonsel, MD, PhD

In **the natural prospective approach**, crude **mortality risk was significantly lower for women who planned to give birth at home** (relative risk 0.80, 95% confidence interval [CI] 0.71– 0.91) …compared with those who intended to give birth in hospital (P .05) (Table 2).

OBSTETRICS & GYNECOLOGY

VOL. 118, NO. 5, NOVEMBER 2011

Planned Home Compared With Planned Hospital Births in The Netherlands

Intrapartum and Early Neonatal Death in Low-Risk Pregnancies

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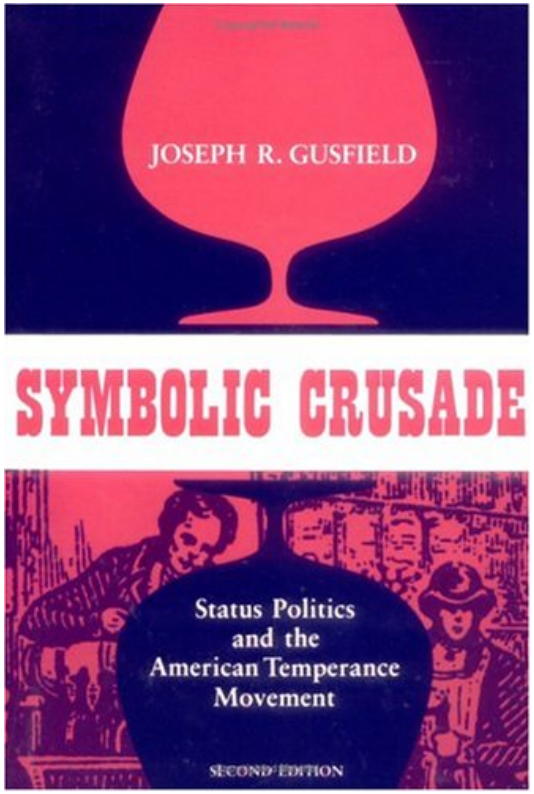
RESULTS: …After **case mix adjustment, the relation is reversed**, **showing nonsignificant increased mortality risk of home birth** (OR 1.05, 95% CI 0.91–1.21). In certain subgroups, additional mortality may arise at home if risk conditions emerge at birth (up to 20% increase).

What is going on?

Protecting **your** view of the world

The Temperance Movement

A WOMAN'S LIQUOR RAID.—HOW THE LADIES OF FREDERICKTOWN, O., ABOLISHED THE TRAFIC OF ARDENT SPIRITS IN THEIR TOWN.—



1919-1933: the 18th amendment to the US constitution

Issues of moral reform **are analyzed as one way by which a cultural group acts to preserve, defend, or enhance the dominance and prestige of its own style of living within the total society.**

In American society, drinking (and abstinence) has been one of the significant consumption habits distinguishing one subculture from another.

Immigrants were changing American society

One way to confirm “American values” was to ***write those values into law*** and **prohibit alcohol**

And social media becomes an “echo chamber”

Dus….


SIGMUND
dinsdag 9 november 2010
Peter de Wit
Dokter help, ik Ga bevallen!
Zal ik mijn verloskundige bellen of is het beter om naar het ziekenhuis te gaan?
Ga maar liggen.
Gefeliciteerd! Het is een prachtig vraagteken.
PLOP

Wat is onze ethische verantwoordelijkheid op dit gebied?

- **Ten eerste, "do no harm"!** (dus: geen angst opwekken)

Wat is onze ethische verantwoordelijkheid op dit gebied?

- **Respecteer de autonomie**: ***maar*** je moet begrijpen waar de ‘keuze’ van een vrouw op gebaseerd is: Waarom zou een gezonde vrouw kiezen voor een keizersnede? Of een ‘free birth’?

- **Niet maakelijk te doen!**

The illusion of **informed choice**

Where does choice come from?

- Science (?)

R I S K

- Media

- Framing of options

MEDIA
RESEARCH
PROJECT
LITERACY
DEVELOPMENT
LEARNING
PROJECTS
CULTURE
MULTIMODAL
UNDERSTANDING
TEACHERS
SCHOOLS
PRIMARY
AIMS
DEVELOP
EDUCATION
LITERACIES
TECHNOLOGIES
CHILDREN
CHILDREN'S
PROGRESSION
POPULAR
FRAMEWORK
PRODUCTION
APPROACH
ENGAGEMENT
CONTRIBUTE
NEED
SERIES
ACHIEVE
CULTURES
HOME
SEEKS
MODEL
CONCEPT
TRADITIONAL
SYNCHRONIC
TOWARD
INVOLVED
IMPLEMENT
INTERNAL
ANALYSIS
ENCOUNTER
TEACHING
FIRSTLY
EXAMINE
CLASSROOMS
SUPPORTING
TENSIONS
REGARDING
PRACTICES
METHOD
IMPACT
MAY
TOOL
TEXT
COHERENT
MULTIPLE
CLASSROOM
PEDAGOGICAL
DRAWING
ADDRESS
CLASSES
OUTLINE
SCHOOL'S
EXTERNAL
SECONDLY
PROCESSES
DIACHRONIC
PRACTITIONERS
ENABLE
BETTER
APPLYING
SCHOOL
BARRIERS
CONCEPTUAL
CONTINUITY
SUPPORTED
SUCCESSFUL
PARENTS
INTEGRATION
VIEW
REGARD
BETWEEN
HAND
MAP
DESIGNED
THREE
OBSERVATIONAL
CONTRADICTIONS
ACTION
AUSTRIAN
MIXED
LONGITUDINAL
UNDERSTAND
BROAD
PROGRESSIVELY
INVESTIGATE
FORM
ASSET
STAND
THIRDLY
PROFESSIONAL
FIELD
MEET


Extraordinary sells
Normal is boring

nrc•next

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woensdag 3 november 201
www.nrcnext.n
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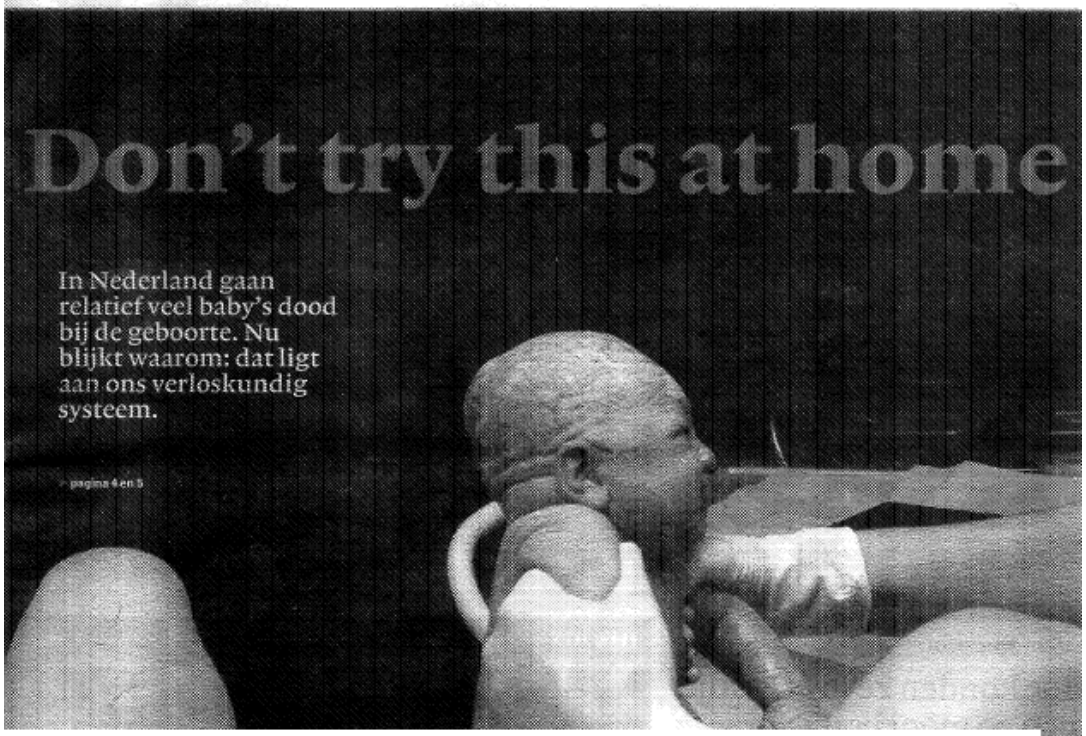


Don't try this at home

In Nederland gaan relatief veel baby's dood bij de geboorte. Nu blijkt waarom: dat ligt aan ons verloskundig systeem.

› pagina 4 en 5

Als er een dokter bij is, gaan er minder kinderen dood

En dat terwijl verloskundigen al de 'makkelijke' gevallen krijgen

Thuis bevallen toch net zo veilig als in het ziekenhuis

Wim Köhler 31 augustus 2015

BIRTH ISSUES IN PERINATAL CARE

Media Representations of Pregnancy and Childbirth: An Analysis of Reality Television Programs in the United States

Theresa Morris, PhD, and Katherine McInerney, MA

ABSTRACT: Background: *Reality-based birth television programs in the United States warrant close analysis because many women watch these shows to learn about birth. The purpose of this study was to understand how reproduction and birth are portrayed in these shows. We hypothesized that women's bodies are displayed as inferior and in need of surveillance and that this inferiority of the female body is solved through technology and a medical approach to birth.* **Methods:** *We performed a content analysis of 85 reality-based birth television shows, depicting 123 births, aired in the United States on Discovery Health and The Learning Channel in November 2007.* **Results:** *The study hypotheses were largely supported. Women's bodies were typically displayed as incapable of birthing a baby without medical intervention. The shows also lacked diversity in the representations of birthing women and, in particular, over-represented married women and heterosexual women.* **Conclusions:** *This research suggests that reality-based birth television programs do not give women an accurate portrayal of how women typically experience birth in the United States, nor are the shows consistent with evidence-based maternity practices. (BIRTH 37:2 June 2010)*

The framing of choice limits ***choice***

Doctor: 'We have detected that you have a hiatal hernia, which can be the cause of your discomfort. This is something we are able to operate on. We can give you medication to make the gastric content less acidic, but it doesn't prevent food from flowing up the oesophagus. Have you experienced any trouble with gastric juice flooding back as you lay down?'

Patient: 'Yes.'

Doctor: 'You won't get rid of that problem only with medication; it would have to be operated on. But you have to decide what you want to do. This is something you have to judge yourself.'

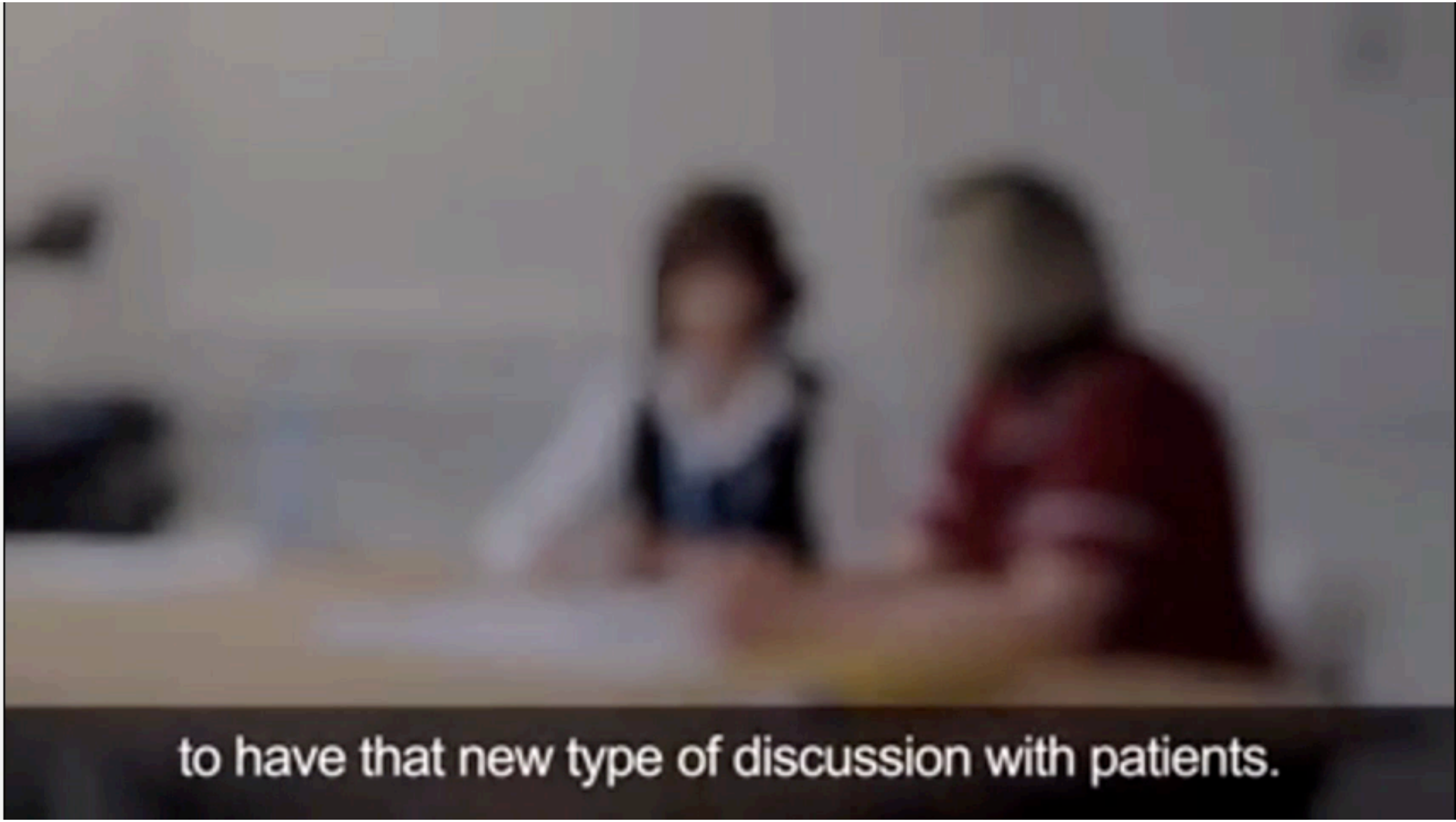
The **framing** of choice limits ***choice***

Doctor: 'We have **detected that you have a hiatal hernia**, which can be the cause of your discomfort. **This is something we are able to operate on**. We **CAN give you medication** to make the gastric content less acidic, **but it doesn't prevent food from flowing up the oesophagus**. Have you experienced any trouble with gastric juice flooding back as you lay down?'

Patient: 'Yes.'

Doctor: '**You won't get rid of that problem only with medication; it would have to be operated on**. But ***YOU*** have to decide what you want to do. This is something you have to judge yourself.'

Sharing the decision about VBAC



What should you do?

- Assume a VBAC for all women with a primary c-section (considering health history)?

- Give a woman all the information about risks, benefits, experiences of others, and let her decide?

- Or?

A suggestion
(not a solution):

Balance autonomy with
Maternalism

paternalism

noun | pa·ter·nal·ism | \pə-ˈtər-nə-ˌli-zəm\

Simple Definition of PATERNALISM

Popularity: Top 20% of words

: the attitude or actions of a person, organization, etc., that protects people and gives them what they need but does not give them any responsibility or freedom of choice

Source: Merriam-Webster's Learner's Dictionary

Ieke Witte Nynke ter Horst vandaag om 06:00 5 minuten leestijd

DELEN

gynaecologie

Medicalisering komt door zwangere zelf

Vrouwen eisen steeds vaker niet-noodzakelijke interventies rond de bevalling

Plaats een reactie

The role of the patient should not be underestimated in the growing medicalization. Patients demand care that is different or more extensive than the evidence-based choice of care provider. The autonomy of the patient is certainly not in question. Every pregnant woman has her rights and freedom of choice is essential herein. However, it is important to make a distinction between elective interventions, without any medical indication, and medically necessary interventions.

Autonomy vs. love

maternal

[m*uh*-**tur**-nl]

Spell Syllables

Word Origin

adjective

1. of, pertaining to, having the qualities of, or befitting a mother:
   maternal instincts.

2. related through a mother:
   his maternal aunt.

3. derived from a mother:
   maternal genes.

Reflexive maternalism

Understand your desires and fears

and

where they come from

STEM studie

- **St**emmen en
- **E**rvaring van
- **M**oeders

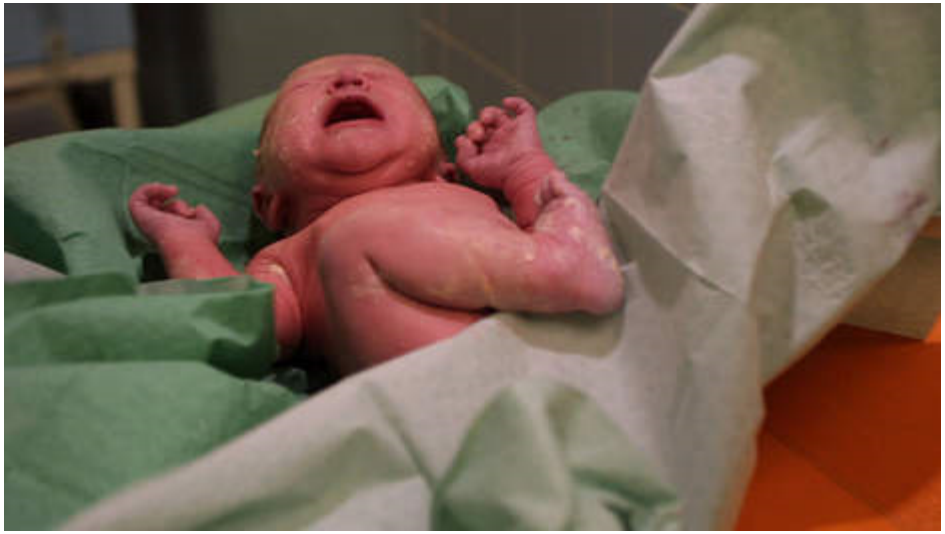
Thank you!

Zorg

'Één verloskundig systeem helpt tegen babysterfte'

Maud Effting – 09/04/11, 05:48

Nederlandse gynaecologen willen dat er één verloskundig systeem komt, waarin gynaecologen en verloskundigen samenwerken - net zoals in bijna alle landen om ons heen. Nu werken beide groepen nog gescheiden, waardoor de babysterfte in Nederland onnodig hoog is.

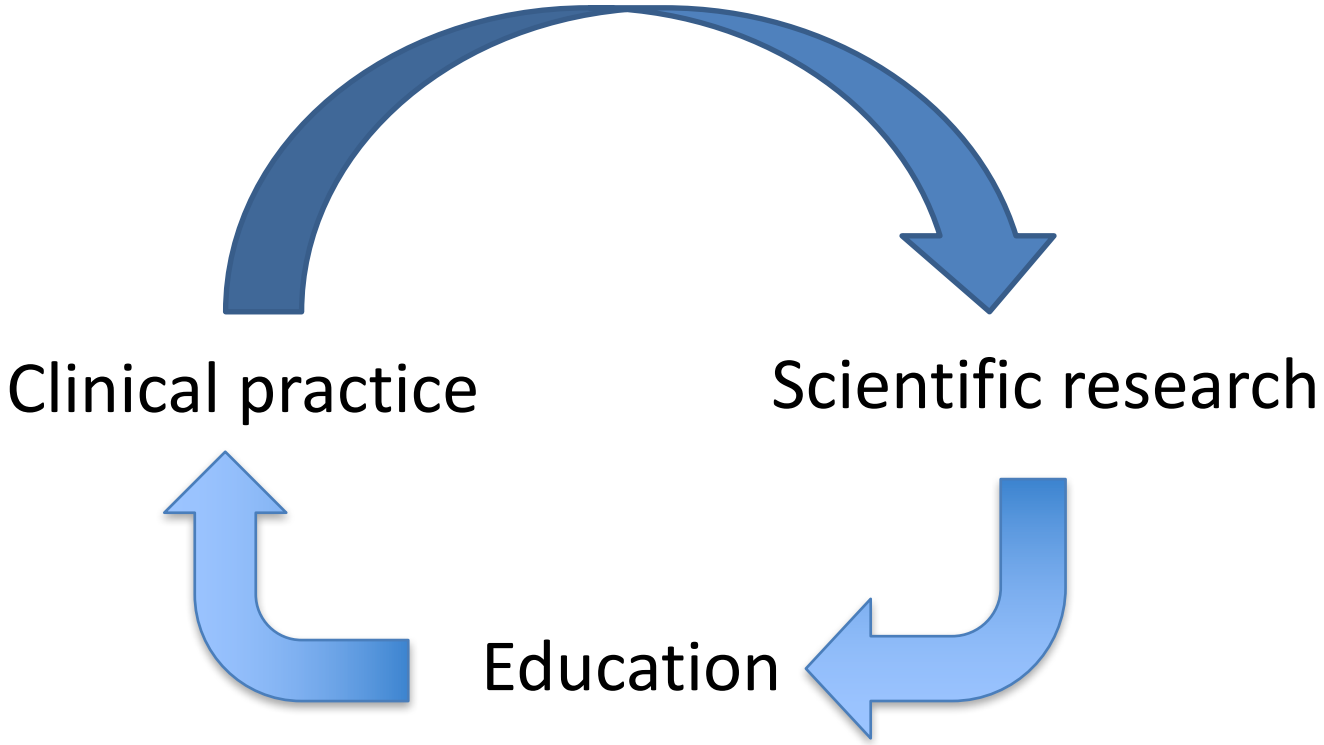


Safety of births in primary care and home births in the Netherlands has been called into question based on the poor perinatal mortality ranking [in Peristat]. However, our results show that the Dutch perinatal mortality rate at term is comparable to the rates in many other jurisdictions that have very few primary care births and births at home, such as Denmark and Sweden…**The perinatal mortality rate at term is lower or not significantly different in the Netherlands compared to several other European countries in which primary care births and home births are uncommon, such as Denmark and Sweden.** The Peristat data do not suggest that primary care births are the main factor driving the negative perinatal mortality ranking in the Netherlands.

And what you learned in school is based on **science**…

And **science** is based on what you learned in school!

Academie verloskunde
Maastricht vroedvrouwenschool sinds 1913



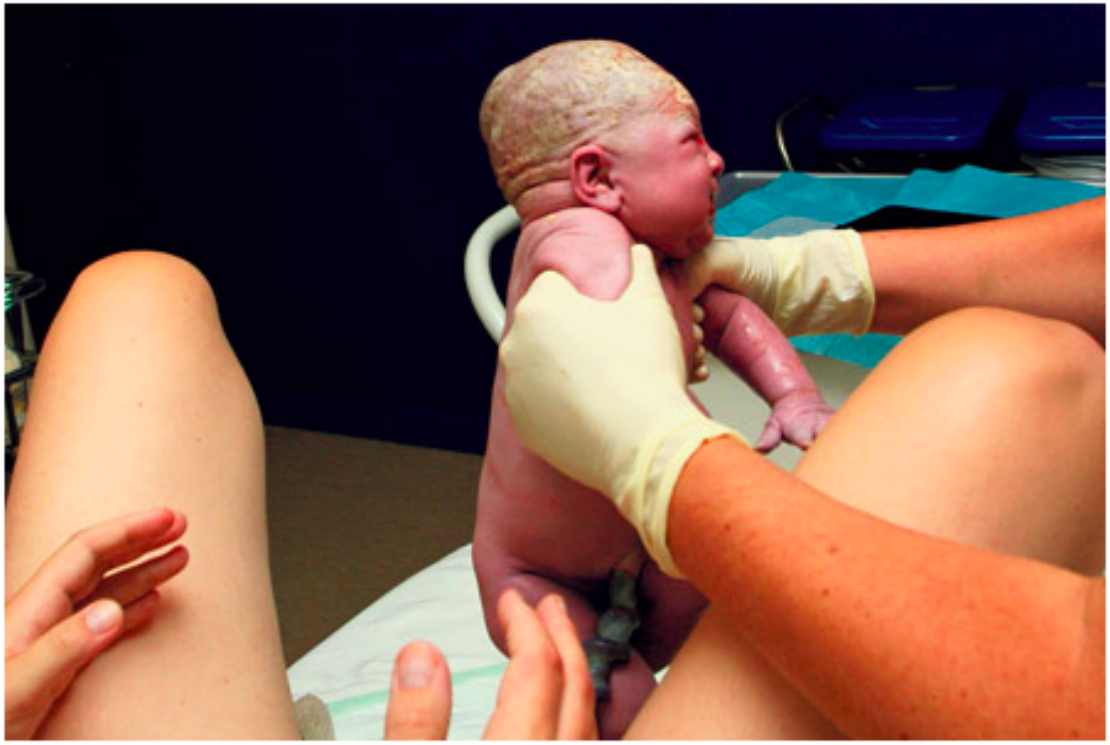
Academie verloskunde
Maastricht vroedvrouwenschool sinds 1913

You know what you see and you see what you know

Je weet wat je ziet en je ziet wat je weet

• 03-11-2010

Hoge babysterfte door slechte overdracht



Door een onzer redacteuren

Amsterdam, 3 nov. De hoge babysterfte in Nederland is wel degelijk te wijten aan ons unieke verloskundige systeem. Bevallingen onder begeleiding van een verloskundige, die meestal thuis plaatsvinden, zijn heel wat risicovoller dan tot nu toe werd aangenomen. Dat blijkt uit een studie die elf Nederlandse onderzoekers vandaag in het wetenschappelijke tijdschrift *British Medical Journal* (BMJ) publiceren.

nrc.nl

• 5 april 2013, 12:33

Verzet tegen invoering waterprik bij thuisbevalling

Foto Stock.xchng

BINNENLAND Gynaecologen en anesthesiologen verzetten zich tegen de invoering van een pijnstillende prik met water in de onderrug voor vrouwen die thuisbevallen. Dat meldt *NRC Handelsblad* vanmiddag.

door Frederiek Weeda


BEVALLINGS-
VERHALEN

it is NOT about money

Academie verloskunde
Maastricht vroedvrouwenschool sinds 1913


it is about how you SEE the world

Letting go: Dreger/Erica’s story.

Risk

- The uses of risk, seen sociologically:
  - In society: ***Be afraid, be very afraid.***
  - In the clinic: You can disagree with me, but ***do you really want to endanger your baby?***
    - ***Too little intervention***
    - ***Too much intervention***