

Birth rights

Who should make the crucial decisions of how and where a baby is born, doctor or mother? Sunshine Coast actor and film-maker Caitlin Hicks explores this issue in her film *Singing the Bones*

By KAREN GRAM

Should a woman, round as the moon and raging with hormones, be the one to choose the setting and circumstances of her labour and birth experience? Or should she leave that to the doctors, professed experts who have all the technological supports at their disposal?

That question resurfaced in the brain of Sunshine Coast actor Caitlin Hicks recently when she heard that obstetricians have decreed that breech babies will now be delivered by caesarean section.

The issue of who has control had consumed her for years after she heard a story about a woman on the Sunshine Coast who insisted on having her breech baby at home, against the recommendation of medical staff, and how that birth reverberated in the community for years after. Hicks turned her artistic focus to the issue — writing and starring in *Singing the Bones*, a play about a woman determined to deliver twins at home. Since its debut in 1995, the play has toured North America, Sweden and England. Hicks and co-producer Gordon Halloran just released the film of the same name.

"For some women it is compelling not to be in a hospital and I think 'Shouldn't people be allowed to make that decision?'" says Hicks.

In the movie, to be shown for the first time at the Montreal Film Festival this week, the pregnant woman describes earlier birth experiences that were terrifying and dehumanizing. She enlists the help of a midwife who finds herself caught in a terrible dilemma. If she helps the woman deliver a high-risk birth at home, she endangers her own career as a midwife. If not, she abandons the woman to deliver alone. "After each performance [of the play] women came up and validated one part or another," said Hicks. I had no idea the chords I'd be touching."

While women are now pretty well assured they will live through the experience, at least in North America, many women remember their children's births with anguish. They tell of doctors who barge into the room and do internal exams during a contraction, fetal monitors that tie the woman to the bed, drugs, forceps, C-sections and insensitive medical staff who can destroy a woman's dignity with their actions. "I had a very good birth with my son," says Hicks, adding her mother gave birth to 14 children, each one naturally. "But a lot of the women I spoke to told me horror stories."

Hicks said that while researching the play and after performances, she heard stories from women angry or sad about their birth experiences. She heard how their centre of gravity was pulled away from them by doctors who saw the birth as a medical condition requiring interventions.

She also talked to midwives and learned that the uterus is the strongest muscle in the human body, that a birthing mother's white blood-cell count triples during labour to prevent infections and that the fetus' skull bones overlap to allow it to squeeze through the birth canal.

"Women's bodies are designed to give birth," she says. "But what we are seeing is the medicalization of childbirth."

Only 20 per cent of the women who give birth at Women's Hospital do so without medical interventions of any kind — no forceps, no induction, no drugs, no episiotomy and no C-section.

Dr. Duncan Etches, clinical associate professor at the UBC Family Practice department, agrees hospitals aren't the perfect place for childbirth. A recent study, which showed that home births have similar outcomes to hospital births — except that interventions occur more often in hospital — confirms that, he says.

But in the past two decades, hospitals have made great strides to improve their birthing practices. Birth rooms look more home-like now and a few allow the women to stay there until they are discharged. Midwives are now licensed and work in the hospitals with the doctors. Doulas, or birth coaches, have become common, and



Birth of an idea: Caitlin Hicks performs in *Singing the Bones*, a film based on an expectant mother's real-life experience.

the number of episiotomies has dropped from 33 per cent at B.C. Women's Hospital to 12 per cent. (It dropped from 60 per cent to 30 per cent nationally.) It turns out that an episiotomy takes much longer to heal than a natural tear.

Hospitals also now offer baths, birthing balls and beds that can be used for a wide variety of labouring positions. Gone are the days when women were shaved, given an enema and forced to lie flat on their backs with their feet in stirrups, he says.

But at its core, the notion of birth as an illness — requiring a doctor and a hospital to occur safely — remains dominant, asserts Hicks. She notes the high rate of caesarean sections (22 per cent) and the new edict about breech delivery as evidence.

Susan Van Os, a doula for 10 years, agrees, and notes that a small but deter-

mined group of women now deliver their babies at home with no assistance at all, not even a midwife or doula.

Van Os and Etches say many doctors still don't understand that the birth experience is very important to birthing mothers. "They always talk about the health of the baby," Hicks says of physicians. "Not many women would dispute that, but the experience is important, too."

Van Os points to a study by Seattle doula Penny Simkin, who asked women to remember their births 10 years later. She found that the number one issue that determined the quality of the birth was not the level of pain, or the number of interventions, but the level of control the women felt during labour.

Van Os believes, however, that a woman can assert control over her birth even in a hospital setting if she carefully chooses

her care-providers and lets them know what she will or will not accept.

"I get calls from women who have had horrendous, nightmarish births and who want to do it differently and that's why they are seeking out a doula," she says. "They are very specific about what they want and don't want."

It's true that many physicians and specialists look at birth as a pathology, agrees Etches. And even though the actual number of problems associated with vaginal breech deliveries is low, it will be very difficult to find someone to deliver a breech baby vaginally now, he says. The new edict takes away a woman's right to choose, he adds.

But Etches compares the situation here to that of Nepal, where he practised for several years. Women in Nepal most often deliver their babies at home without the help of a midwife. Those who deliver at hospital do so with no pain killers and very few interventions and have very good outcomes. But a significant number of birthing mothers die at home because they bleed to death, too far from a hospital to get there quickly.

"That is why the medical model still has its strength," he says. "The trick is to find a balance between control and access to the medical model."

Ironically, it's been a deteriorating health care system that has improved the lot for birthing women, says Etches. Because of cost cutting, women are discharged from hospital much earlier than in the past, and women prescribed months of bedrest now do it from home rather than hospital. It may be that cost cutting becomes the motivating factor to reduce interventions in hospital.

If not, women may decide to have their babies at home just as the woman in Hicks' and Halloran's film *Singing the Bones* did.



Baby love: Caitlin Hicks' principal character in *Singing the Bones* defied so-called expert medical opinion to have a breech delivery in her own home.