

Midwives use rituals to send message that women's bodies know best

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In reaction to what midwives view as the overly medicalized way hospitals deliver babies, they have created birthing rituals to send the message that women's bodies know best.

The midwife experience uses these rituals to send the message that home birth is about female empowerment, strengthening relationships between family and friends, and facilitating participatory experiences that put mothers in control, with the ultimate goal of safe and healthy deliveries less focused on technological intervention.

These are some of the findings from an Oregon State University researcher and licensed midwife who witnessed more than 400 home births in order to document an extensive list of practices utilized by midwives to express the symbolic difference between home and hospital births.

In a study now online in the journal *Medical Anthropology Quarterly*, Melissa Cheyney, an assistant professor of medical anthropology at OSU, charted specific rituals used by midwives. In addition to witnessing and documenting home deliveries, she also conducted more than 50 in-depth interviews with midwives and their clients.

"This is about invoking the mind-body connection," Cheyney said. "We know, for instance, that midwives have better [health outcomes](#) in some areas, such as reduced rates of surgical delivery and labor induction, than hospitals. But I wanted to examine how ritual might play a part in

producing these [positive health](#) outcomes."

Cheyney said evidence shows that hospital births result in about triple the rate of cesarean section for low-risk women compared to midwife-attended home births. Because of her unique role as both a researcher and midwife, Cheyney was able to gain access to hundreds of home births in various parts of the United States, and also witnessed more than 60 hospital births.

What she found was a network of common practices, messages and beliefs that resulted in midwives constructing woman-centered rituals around pregnancy and birth that were set up in opposition to what they believe are the overly medicalized practices of hospitals.

For instance, Cheyney found that midwives conducted many of the same diagnostic procedures as a physician would prenatally, from blood pressure and weight checks to blood testing and fetal heart tone evaluation. But midwives chose to get the entire family involved, often asking the partner to palpitate along with the [midwife](#) or allowing older children to hold the equipment used to listen to fetal heart tones.

"The participatory nature was a key component to creating a ritual that empowers the woman and her family to feel in control," Cheyney said. "Many midwives also downplayed the centrality of monitoring and resuscitation equipment setting them off to the side, or placing them under baby blankets during labor so women would not be reminded of the technology in the room. Mothers and babies were still monitored closely, but the monitoring was not made the central focus."

The differences aren't so much in practice, she argues, but in performance.

Cheyney also documented the use of common phrases to create birthing

mantras. She lists phrases such as "don't fight it," "let your body do it," "open," and "let it be strong," as key components to the home birth ritual. Many mothers that Cheyney interviewed reported feeling strong and capable during their labors, and women who compared their hospital birth to their home birth reported feeling like they were "doing something, rather than just lying there passively waiting." Midwives also commonly expressed the statement that they were simply "guardians," and that women have all the tools inside of them to birth their own babies.

Cheyney said she was interested in documenting these [home birth](#) rituals in part because past anthropological studies have already looked at the rituals that characterize hospital deliveries. It is Cheyney's belief that both of these sets of rituals have caused a wide chasm between the 99 percent of the U.S. population that chooses [hospital births](#) and the 1 percent who choose home births.

"Just as women and their doctors who deliver in the hospital often feel convinced that their birth was the only safe and 'correct' way, women and midwives who deliver at home feel strongly that they have the solution," Cheyney said. "They believe it with every cell in their body because they have lived it."

The result, said Cheyney, are two deeply entrenched belief systems that have trouble meeting in the middle, prompting many of the tensions between midwives and obstetricians – a major concern for Cheyney and other researchers as the number of home births in the U.S. is on the rise.

In contrast, countries such as Canada require midwives to be trained in home, birth center, and hospital deliveries. And Dutch physicians are required to complete midwifery training if they want to attend low-risk deliveries.

"How can you speak across divides unless you experience both sides?" Cheyney said. "To use a travel metaphor, it's easy to criticize a country you've never visited."

Provided by Oregon State University

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