

Born in the U.S.A.



[ITVS]

TELEVISION'S INDEPENDENT VOICE.

"In any society the way a woman gives birth and the kind of care given to her and the baby points as sharply as an arrowhead to the key values of the culture."

— Sheila Kitzinger, *Women as Mothers*

Viewer's Guide





ABOUT THIS GUIDE

This guide is designed to generate discussion about an event that affects each of us but is not usually seen as a public affairs issue: childbirth. While the perspectives of the women profiled in BORN IN THE U.S.A. cannot possibly speak to everyone's experience, we chose stories that reflect a wide range of views about childbirth.

To broaden our own understanding of the issues throughout the process of making the film, we consulted with an advisory committee that included two obstetricians, a family physician, a former World Health Organization director, two nurse-midwives, two non-nurse midwives, a childbirth educator, a women's historian, and a consumer advocate. We hope this guide proves useful.

Marcia Jarmel & Ken Schneider – Producers, BORN IN THE U.S.A.
PatchWorks Films



ABOUT THIS DOCUMENTARY

Three out of every four Americans become a parent, yet most of us don't think about birth until we are having a baby ourselves. We expect to go to the doctor, do as we are told, and then have a perfect birth experience. Of course we're a bit frightened, since most of what we know is the tragedy and unbearable pain we've seen on our favorite TV shows.

What is a normal birth like? How much technology is necessary for safety? Is there more than one way to have a safe birth? What limits our access to all the safe birthing options? What's at stake in our choices?

BORN IN THE U.S.A. is the first public television documentary to take an in-depth look at childbirth for low-risk women in the U.S. In the film you'll get to know different types of caregivers and experience birth in a variety of settings. Knowing the options can help you choose the birth that is right for you.



TECHNOLOGY AND PUBLIC HEALTH: HOW MUCH, HOW OFTEN, AND FOR WHOM?

"\$13 to \$20 billion a year could be saved in health care costs by demedicalizing childbirth, developing midwifery, and encouraging breastfeeding."

— Frank Oski, Director of the Department of Pediatrics,
Johns Hopkins School of Medicine

The American medical system is considered one of the most technologically advanced in the world. We spend more on maternity care than any other country in the world. Why then, do we have one of the worst infant and maternal mortality rates in the developed world?

Childbirth is an individual, singular experience with inherent risks and benefits. What should the average, healthy woman know when she has a baby? What safe choices are there? Does she have access to them all? Are there risks to birthing in the hospital? Does using technology carry its own risks? Should every birth make use of all the latest technology?

Each year, approximately 4 million babies are born in the U.S.—almost all in a hospital with a physician in attendance. Is this the best way for women to give birth? Is it best for the baby? Is it the only safe way?

"High-quality maternal care can be provided in a variety of settings, and does not refer only to hospital based treatment. Overmedicalization can lead to high rates of unnecessary cesarean deliveries and other unnecessary surgical procedures during pregnancy and childbirth."

— The World Health Organization



Midwives and obstetricians often disagree on the role of technology in the birth room. With a conventional OB-attended birth, nearly all women have intravenous fluids (IVs) and continuous electronic fetal monitoring. Three quarters receive epidural anesthesia and most will have labor induced or stimulated artificially. Almost one in three women will deliver via Cesarean section. One in four women will get an episiotomy—a surgical cut to widen the vaginal opening. (See the Glossary for the definition of medical terms.)

Many midwives question the necessity of these and other interventions, and point to current data that support their use only to correct specific medical complications. They cite research suggesting that for most women these interventions can, in fact, lead to further complications without improving outcomes.

Midwives claim that the hallmark of their approach—continuous one-on-one care—facilitates the natural birth process, reducing the need for most obstetrical interventions for most women. Research supports the safety of midwifery care in and out of the hospital for low-risk women. Yet, few medical institutions feel they can afford this kind of one-on-one care. Hospital economics require most obstetricians to be responsible for more than one birth at a time.

The vast majority of obstetricians, for their part, believe routine medical procedure make birth safer. Many even believe that out-of-hospital birth is patently unsafe. Furthermore, doctors must consider the threat of lawsuits and the competitive nature of the medical marketplace when considering what techniques to use in a birth setting.

Consumers play a role too, often demanding a painless birth, necessitating the use of technology. Indeed, early feminists clamored for pharmaceutical advances to help ease the burdens of childbirth. In the midwifery model, labor pain is managed by emotional support,

encouragement, walking, massage, baths, showers, and allowing the mother to control her environment—options rarely available in the hospital.

While no caregiver wishes pain to consume their patients' birth experience, medical research has raised concerns about the routine use of epidural anesthesia. Though generally considered safe, epidurals are associated with an increase in prolonged labor, severe headaches, the use of forceps and vacuum extraction, and possibly increased c-sections. Although about 70 percent of women have epidurals, there is little research exploring the long-term effects of epidural anesthesia on mothers and newborns.



SHOULD WOMEN HAVE ALTERNATIVES?

“Medicine and midwifery are distinct professions, based on overlapping but distinct bodies of knowledge. They are inherently complementary.”

— Judith Rooks, *Midwifery and Childbirth in America*

In the U.S., only a small minority of women (11%) receive midwifery care in the hospital. Out-of-hospital care is even less available, with fewer than 1% of women planning their birth in non-hospital birth centers or at home, attended by midwives.

American midwives face a host of obstacles, including legal restrictions, opposition from the medical community, lack of insurance reimbursement, and limited public information about safety. Yet research shows that midwifery care costs less than physician care, results in fewer interventions, and has as good—if not better—outcomes for low-risk women.

In most industrialized countries, midwifery is the standard care for low-risk pregnant women. Midwives collaborate with physicians when serious medical conditions arise. So why is midwifery care not available to most women in the United States?

Midwifery is not for everyone, but neither is the high-tech medical approach. No matter what our individual choices, each of us can benefit by improving the systems that impact American maternity care.



CHILDBIRTH AND WOMEN'S RIGHTS

“Women should be able to birth wherever they feel most comfortable. For some women, that will be in a hospital; for some women, that will be a birth center; and for some women, that will be at home.”

— Heike Doyle, licensed midwife

When we talk about reproductive rights, we usually focus on abortion and the question of whether or when a woman gives birth. We rarely consider a woman's access to choices about how, where, and with

whom she births. Forty years after *Our Bodies, Ourselves* launched the women's health movement in the United States, birth remains a controversial issue. It wasn't until 1999 that the National Organization for Women voted to include choice of birth attendant and location in its reproductive rights platform.

Every woman should have the right to choose a birth setting that is culturally sensitive and both physically and emotionally comfortable, with a caregiver who is competent and respectful. The evidence shows that when women are supported in their choices, their births have fewer complications, result in better outcomes, and provide more satisfaction.

Many women do not yet realize they have choices to make in where, how, and with whom they give birth. Many may not have adequate resources to make informed decisions. The following tools and discussion questions are intended to guide this inquiry, and create the opportunity for better births, happier moms, and healthier babies.



DISCUSSION QUESTIONS

Before viewing the program:

- What is your idea of the birth experience? What do you know about midwives?
- What do you know about obstetricians?

After viewing the program:

- How did the show challenge or affirm your ideas about birth? Did anything surprise you?
- What similarities and differences did you see in the care that women received in each birth setting? How did the different caregivers view birth? Can you identify positive and negative aspects of each type of care? What was the relationship between the patient and the caregiver in each setting?
- How was technology used in each birth setting? How important did it seem to each of the caregivers? How did technology seem to affect the experience of the woman in labor? What benefits did technology seem to offer? What choices did it seem each mother had about the technology used? What do you think the film reveals about our relationship to medicine and technology?
- What factors, aside from medical concerns, affect the childbearing process? What issues do you think might prevent midwives and obstetricians from collaborating?
- In the African American community infant and mortality rates are significantly higher than in any other community. Why do you think the Morris Heights Childbearing Center is so successful? What can we learn from this example?



WHAT CAN YOU DO?

For Yourself and Your Family...

- Find out what's safe. Educate yourself about birth practices in different settings. Make sure you understand both the risks and benefits of procedures such as epidural, episiotomy, induction, labor augmentation, and electronic fetal monitoring. Check out the list of Birthing Resources for more information.
- Seek out "Mother-Friendly" care (see "Having a Baby? Ten Questions to Ask" on this DVD). Interview different providers and visit various birth services and settings. Trust your instincts. If your care provider doesn't feel like a good fit, seek out someone who is.
- Plan for continuous physical and emotional support during your labor, from family and friends or from a professional labor assistant ("doula"). If you want dependable support from family members, educate them about birth and birth interventions, and about what you'd like them to do (or not do) for you.
- Prepare yourself for childbirth: physically, mentally, and emotionally. Take a childbirth education class (independent of your hospital), exercise, eat well, watch positive birthing videos, read encouraging women's stories, focus on birth as normal and healthy.
- Know your rights; be prepared to ask questions when "offered" tests, drugs, procedures, etc. It's your right to give consent or refuse consent.
- Ask your OB/GYN to provide back-up support to midwives, and ask your midwife to build bridges with the medical community. Encourage your HMO or insurer to cover the full range of safe options.

For Your Community...

- Show BORN IN THE U.S.A. and hold discussions with prospective parents, youth, midwives, medical professionals, insurance providers, women's groups, women's health advocates, women's studies classes, health education classes, childbirth specialists, and the general public.
- Invite midwives or childbirth educators to speak to your community group. [See the Community Action Guide for ideas and suggestions.]
- Generate discussion about childbirth among your friends, co-workers, and in the larger community.
- Write a letter to the newspaper about childbirth issues in your community.
- Connect with advocates for improved childbirth who may already be working in your area. Citizens for Midwifery (<http://cfmidwifery.org/>) and BirthNetwork (<http://www.birthnetwork.org/>) are a good place to start.
- Volunteer to staff a table at community health fairs, state fairs, or other events where women learn about issues that affect them.
- Hold a town hall meeting to bring together all interested parties (e.g., parents, doctors, midwives, legislators, and insurers) to discuss how to improve birth practices in your community.
- Call your local PBS station. If they've already aired BORN IN THE U.S.A. thank them. If not, ask them to put it in the schedule. Let them know that there is an audience for programs about childbirth and women's health issues, and that you appreciate their effort to show diverse viewpoints.

For more ideas, check out the BORN IN THE U.S.A Community Action Guide and Legislative Action Guide on this DVD or downloadable free on our website at: www.patchworkfilms.net.



FACTS ABOUT CHILDBIRTH IN THE U.S.

- The U.S. spends more on maternity care than any other industrialized nation (about one fifth of all health care expenditures), but we rank near the bottom of the list in infant and maternal outcomes.
- African American moms and babies bear twice the risk of complications and are three times more likely to die in childbirth than their Caucasian counterparts.
- Almost one third of American babies (30%) are born by cesarean section. This number has increased 40% since 1996, despite the 15% benchmark set by the Centers for Disease Control in 1990. C-sections are not benign procedures; they carry all the risks of major surgery.
- Obstetrical procedures are the most common surgeries in all of medicine. Well over half of all American births involve cesarean section, episiotomy, vacuum extraction, or the use of forceps.
- Nearly half of all women planning vaginal birth have some attempt made to induce labor, an intervention associated with an increase in cesarean sections.
- In 2004, midwives attended 12% of all births in hospitals, out-of-hospital birth centers, and private residences.
- Studies show that the continuous presence of a trained labor support person (doula) improves women's childbearing experience and reduces interventions and complications.
- A 2000 study in the British Journal of Medicine found that home birth is safe for low risk women and involves far fewer interventions than similar births in hospitals.
- Most women do not have access to birthing center services outside the hospital. According to the National Association of Childbearing Centers, there are only 178 out-of-hospital birth centers across the country, and they exist in only 33 states.
- Legal constraints, obstetricians' reluctance to provide back-up, and the inability to obtain insurance limit midwives' ability to practice in many parts of the country.



RESOURCES



GENERAL INFORMATION

BirthNetwork National

www.birthnetwork.org
(888) 452-4784

National consumer-advocacy organization promoting the awareness and availability of mother-friendly maternity care.

The Boston Women's Health Book Collective

www.ourbodiesourselves.org
(617) 451-3666

Devoted to education about women and health, they publish *Our Bodies, Ourselves for the New Century*. Their website includes a critique of childbirth advice books, and comprehensive on-line book chapters about birth and pregnancy.

The Birthing Project

www.birthingprojectusa.com
(888) 657-9790

The only national organization dedicated to improving birth outcomes for women of color.

Childbirth Connection

www.childbirthconnection.org
(212) 777-5000

A comprehensive resource for information about childbirth, including evidence for interventions, and the Rights of Child-bearing Women.

Childbirth.org

www.childbirth.org

Advice from birth professionals, birth stories, and information about birth plans.

Citizens for Midwifery (CfM)

www.cfmidwifery.org
(888) 236-4880

An excellent resource for information about childbirth in general, legislation, current research, and grass-roots activism in support of midwifery.

Coalition for Improving Maternity Services (CIMS)

www.motherfriendly.org
(888)282-CIMS

Promotes a wellness model of maternity care that improves birth outcomes and substantially reduces costs with comprehensive links to research supporting mother-friendly care: www.ingentaconnect.com/content/lamaze/jpe/2007/00000016/a00101s1

Givingbirthnaturally.com

www.givingbirthnaturally.com

A mother-produced website packed with resources for informing yourself about birth options.

Lamaze Institute for Normal Birth/Lamaze International

www.lamaze.org/Default.aspx?tabid=171
(202) 857-1128

A great site for parents that offers more than classes in the classic "breathing" technique.



BOOKS/MAGAZINES

Birthing from Within, by Pam England and Rob Horowitz (Partera, 1998).

Born in the U.S.A.: How a Broken Maternity System Must Be Fixed to Put Women and Children First, by Marsden Wagner (U. of California, 2006).

The Complete Book of Pregnancy and Childbirth, by Sheila Kitzinger (Knopf, 2003).

Gentle Birth Choices, by Barbara Harper (Healing Arts, 2005).

A Guide to Effective Care in Pregnancy and Childbirth, by Murray Enkin, et al. (Oxford University Press, 2000).

Immaculate Deception II: Myth, Magic, and Birth, by Suzanne Arms (Celestial Arts, 1996).

Ina May's Guide to Childbirth, Ina May Gaskin (Bantam, 2003)

The Official Lamaze Guide: Giving Birth with Confidence, Judith Lothian and Charlotte De Vries (Meadowbrook, 2005).

Our Bodies Ourselves: A New Edition for a New Era, Boston Women's Health Book Collective (Touchstone, 2005).

Mothering Magazine

<http://www.mothering.com>

For a comprehensive review of positive birth videos, check out: http://www.mothering.com/articles/pregnancy_birth/birth_preparation/birth-videos.html

Simple Guide to Having a Baby, by Janet Whalley, Penny Simkin, Ann Keppler (Meadowbrook, 2005).

The Thinking Woman's Guide to a Better Birth, by Henci Goer (Perigree, 1999).



GLOSSARY

augmentation of labor

The use of drugs such as Pitocin to increase the strength and frequency of contractions in a labor that began spontaneously.

c-section, cesarean section—Delivery through abdominal surgery.

doula (or “labor assistant”)—A trained woman who provides continuous physical and emotional support to a woman throughout labor and delivery.

electronic fetal monitoring—A method of tracking fetal heart rate patterns (tones) with an external ultrasound device or an internal electrode attached to the baby’s scalp and an internal catheter measuring the strength of contractions.

epidural—An anesthetic injected in a space just outside the spinal cord that blocks the nerve transmission of pain.

episiotomy—A surgical incision to enlarge the vaginal opening at birth.

forceps—A metal instrument used to extract babies from the vaginal canal.

induction (or artificial stimulation of labor)—Rupturing the amniotic sac or using drugs such as Pitocin to bring on (induce) labor.

IV (intravenous) drip—A method of administering fluids through a tube inserted, usually in the back of the hand or forearm. Can be used to administer drugs, such as Pitocin into the bloodstream.

midwife (from Latin “with woman”)—A trained care provider, often licensed by the state, who oversees the pregnancy and births of low-risk women. Nurse-midwives are also licensed nurses and most often work in the medical environment.

obstetrician—a physician or surgeon licensed to care for women in childbirth.

Pitocin (often called “pit”)—A synthetic form of the hormone oxytocin, commonly used to induce or augment labor.

respiratory distress syndrome—A medical condition wherein newborn babies have trouble breathing because their lungs have not matured sufficiently in the womb.

vacuum extraction—A suction device used to extract babies from the vaginal canal.

vaginal birth after cesarean (VBAC)—Vaginal childbirth after a woman has delivered a prior baby via cesarean section.

ABOUT ITVS AND THIS GUIDE

BORN IN THE U.S.A. was produced by Marcia Jarmel and Ken Schneider for the Independent Television Service (ITVS), with funding provided by the Corporation for Public Broadcasting. ITVS was created by Congress to “increase the diversity of programs available to public television, and to serve underserved audiences, in particular minorities and children.”

For more information about ITVS, contact us at:
651 Brannan Street
Suite 410
San Francisco, CA 94107

Phone: (415) 356 8383
Fax: (415) 356 8391
email: itvs@itvs.org

Additional material about this film is available at:
www.itvs.org/bornintheusa.

To rent or purchase BORN IN THE U.S.A. for educational or personal use, contact PatchWorks Films at 415.387.5912 or info@patchworksfilms.net, or www.patchworksfilms.net.

The BORN IN THE U.S.A. Community Action Guide and Legislative Action Guide are included on this DVD and downloadable free on our website at www.patchworksfilms.net.

Design: FullBlastInc.com