

The Circle of the Womb

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Tucked deep in the safe recesses of the body shielded by pelvic bones and muscles a woman's womb waits. Should she become pregnant, that same womb holds a life, forms a life, and shapes a human future. A woman's womb is essential to the start of every human life. It is the first cradle we all know. But, a woman's womb is not her own, it is not always under her control. In 'developed countries' she shares control over her womb with medical practitioners, for-profit hospitals, and insurance companies. In 'developing countries' she shares control over her womb with unskilled birthing aides, less-than-sanitary practices and the infections that result.

Everywhere – in rich and impoverished nations alike – a woman's womb is subject to her status as a female in her society. Save the Children researchers measured the political status of women in a 2006 report, and found what we would reasonably conclude they would find there is a “direct line between the status of mothers and the status of their children.”^[1] The circle of the womb encompasses this generation and the next. As we care for women, so we care for the littlest infants.

This last is evident in the health insurance statistics in the United States. Women and children are disproportionately uninsured and under insured. Twenty percent of American women of childbearing age are uninsured. Thirteen percent of all pregnant women are uninsured. Lack of insurance has distinct negative effects on women and their children. Uninsured women have a thirty-one percent higher likelihood of experiencing adverse health reactions after giving birth. They are also less likely to seek pre-natal care; and so their children suffer an increased risk of low birth weight and mortality.²

Edward Holifield, a retired physician in the Tallahassee area, wrote to the Tallahassee Democrat, drawing a direct line between low status and high mortality in North Florida. He wrote: “Poor blacks have been marginalized in Tallahassee where the degree of residential segregation and income inequality can best be described as economic apartheid. State epidemiologist Bill Sappenfield reports that income inequality may be a risk factor for black infant mortality. If so, the high rate of black infant mortality in Leon County should not be a surprise...The main obstacle to solving the problem of black infant mortality is the discounted value of black life. If rich white babies were dying at the rate of 15 per 1,000, a health-care emergency would have been declared long ago and corrective action taken.”^[3]

All of this provides ample, and discouraging, evidence that women's wombs are indeed at the mercy of the availability of insurance. Around the world the picture is even more dismal. “More than half a million women die each year because of pregnancy and childbirth difficulties, 2 million babies die within their first 24 hours...and 3 million are still born.”^[4] Women who live past their major childbearing years are still at risk. Cervical cancer, a preventable and yet nearly always fatal disease, is the leading cause of cancer deaths in the women of developing countries. Nearly 500,000 new cases of

cervical cancer occur each year worldwide, and thousands of premature deaths could be averted with adequate screening and detection.^[5]

The circle of the womb reaches around the world and connects women not only to their children, but also to each other in their suffering and loss. It connects all females as persons who live at the edges of privilege and power though paeans of praise are raised to the fruit of the womb.

Paeans of praise is an interesting phrase in just this setting for the word paeon connects through Homer to the name Paian, the physician of the gods. The physicians of the womb are the obstetricians who attend childbirth and the gynecologists who oversee the health of wombs. It seems only fair to ask how they have treated the wombs in their charge.

Doctors have attended births for hundreds of years. Atul Gawande tells a fascinating story that harkens back to the 17th century to consider how women and infants have been treated. Although surgical methods for intervening in obstructed labor have been around since Roman times, those operations almost always were undertaken after the death of the mother, or themselves caused her death. Between this radical operation and the modern C-section came the forceps. “The story of the forceps is both extraordinary and disturbing, because it is the story of a life-saving idea that was kept secret for more than a century. The instrument was developed in the seventeenth century by Peter Chamberlen (1560-1631), the first of a long line of French Huguenots who delivered babies in London. ...It let doctors more or less yank stuck babies out and, carefully applied, was the first technique that could save both the baby and the mother. The Chamberlens knew that they were onto something, and they resolved to keep the device a family secret. Whenever they were called in to help a mother in obstructed labor, they ushered everyone else out of the room and covered the mother’s lower half with a sheet or a blanket so that even she couldn’t see what was going on. They kept the secret of the forceps for three generations. In 1670, Hugh Chamberlen, in the third generation, tried and failed to sell it to the French government. Late in his life, he divulged it to an Amsterdam-based surgeon, Roger van Roonhuysen, who kept the technique within his own family for sixty more years. The secret did not get out until the mid-eighteenth century. Once it did, it gained wide acceptance. At the time of Princess Charlotte’s failed delivery, in 1817, her obstetrician, Sir Richard Croft, was widely reviled for failing to use forceps. He shot himself to death not long afterward.”^[6]

Certainly the Chamberlens and van Roonhuysen seemed not to be able to hold a woman’s life, her womb, or the fruit of her womb in higher esteem than their own reputations. Though the precise motivations that led several generations of physicians to keep their methods a secret are forever lost to time, it does seem that the failed attempt to sell the device indicates that a profit motive was involved. The circle of the womb includes the livelihood of the doctor assisting with the birth.

Nearly two hundred years later, doctors are still liable to the charge that they protect profits first, and women, wombs and infants later. Today the question is raised by the increasing use of the C-section; the very operation that replaced the forceps. Dr. Watson Bowes, Jr., an emeritus professor of obstetrics at the University of North

Carolina explains how forceps fell out of favor and C-sections became increasingly popular. “Forceps deliveries are very difficult to teach—much more difficult than a C-section,” Bowes said. “With a C-section, you stand across from the learner. You can see exactly what the person is doing. You can say, ‘Not there. *There.*’ With the forceps, though, there is a feel that is very hard to teach...For most residents, it took two or three years of training to get this consistently right...Some residents had a real feel for it,” Bowes said. “Others didn’t.”^[7]

This easier to learn and easier to master surgical procedure is becoming so popular in the United States that at least 30% of all births receive surgical assistance.^[8] Some doctors deliver nearly 50% of their patients by C-section. (The rate in Florida in 2005 was 35%.^[13]) Those percentages double and triple the worldwide rates. The various experts cite many reasons for the rise. They point to the increasing age of pregnant women and the presence of obesity and diabetes as complicating factors. They explain that women are requesting C-sections more often. Some have even been known to say that “vaginal birth is archaic,”^[9] and all babies should be delivered by C-section.

Opponents of the increasing number of C-sections cite their own concerns. Some believe that the number of C-sections is being dictated by the fear of lawsuits. “It’s a rare provider who gets sued for doing a C-section,” midwife Deborah Cibelli says, “but if there’s any outcome that’s less than perfect, you can get sued for not doing a C-section.”^[10] Critics also note that hospitals charge more for C-sections, and of course, physicians receive a better hourly rate for their services. The many-headed hydra of profit motive is well outlined in these objections.

Writing for Mothering, Wendy Ponte considers the role that fear plays in helping women to choose a C-section. Only a quarter of surveyed mothers-to-be had taken childbirth education; while nearly 70% had watched docu-dramas about giving birth.¹¹ Those dramas depict the most heart-wrenching births, the ones needing medical intervention to succeed. The midwife, Deborah Cibelli, reports that she was filmed delivering babies without incident, but, none of those segments were aired on “The Baby Story” because the uncomplicated births “were just too normal.”¹²

The American College of Obstetricians and Gynecologists agree that 60% of all births will be normal – or ‘too normal’ for television. Still, they recommend home births be avoided and all babies be born in hospitals or birthing centers. Proponents of natural birth point out that the moment a woman enters the hospital her chances of having a C-section rise dramatically. They argue that women have been giving birth naturally since the race began, and industrialized birthing is not in a woman’s best interest or in her child’s best interest. Comparing the statistics in the Netherlands and the U.S. shore up the claim that birth is a natural process. The Netherlands births 34% of its babies at home, and only delivers by C-section 13% of the time. Yet, their infant mortality and maternal mortality rates are lower than in the U.S.

As Unitarian Universalists, we differ on many things, but, we tend to be in favor of living more naturally in tune with the earth. We tend to be in favor of dying naturally, or at least not extending our lives with extreme interventions. We might as well tend toward supporting natural births as well; it’s in keeping with a natural life and a natural death.

What might help encourage a more natural approach to birth? Save the Children has suggested that around the world, women, their wombs, and their infants would fare better with adjustments in three factors: female education, trained attendants, and family planning services.^[14] It seems this might be true in the U.S. as well. Female education in the U.S. parallels that of males; however, it appears that our entire culture is learning that childbirth is a dangerous passage best managed by hospitals, surgeons, and mechanistic interventions. We need to learn again that the majority of births can be ‘too normal’ for those particular interventions. We need to learn again that birth is a natural process, and women might be anxious, but, they need not be fearful.

The kind of training given those who attend births is also extremely important. I read not too long ago that over 100 physician or mid-wife initiated maneuvers for dislodging a baby in obstructed birth positions have passed out of use now that C-sections are so easily obtained. We might be able to reduce the number of C-sections if some of that information were revived for doctors and mid-wives.

Finally, family planning services in the U.S. might help women not only to plan the timing and number of children they bear; they might also address the mother’s physical fitness. If evidence supports the contention that women who are older, more obese, and diabetic are more likely to need a C-section we might need to address the variables. Instead of letting mothers worry about regaining their figure after giving birth, perhaps we should be helping them to achieve their optimal health before becoming pregnant. Perhaps insurance monies can be diverted to profit a woman’s health rather than her C-section.

If the circle of a womb includes this generation of women and the children to whom they give birth, than surely the circle of the womb can also include the fears we foster in our society, the surgical practices we promote and the health of the woman who shield the womb and cradle the future in their bodies.

[1] *US has second worst newborn death rate in the modern world*, report says; CNN.com May 10, 2006

[2] *Health Care for Women, Health Care for All*; govtrel@acog.org at The American College of Obstetricians and Gynecologists website

[3] Edward Holifield, *Leon County Infant Mortality is a Disgrace*; Tallahassee Democrat (tallahassee.com) My View, March 12, 2008

[4] *US has second*, op cit

[5] Lori Ashford and Yvette Collymore, *Preventing Cervical Cancer Worldwide*; Population Reference Bureau, http://www.prb.org/pdf05/PreventCervCancer-Brief_Eng.pdf; March 2005

[6] Atul Gawande, *The Score: how childbirth went industrial*; New Yorker http://www.newyorker.com/archive/2006/10/09/061009fa_fact?printable=true October 9, 2006

[7] *ibid*

[8] Melinda Tuhus, *Are Women Having Too Many C-sections?*; <http://www.alternet.org/story/47387/>

[9] *ibid*

[10] Tuhus, op cit

[11] Wendy Ponte: *Cesarean birth in a culture of fear*; *Mothering*, September-October 2007, pp.51-51

[12] Tuhus, op cit

[13] Ponte, op cit

[14] *US has second*, op cit