



## ABOUT THIS GUIDE

This guide is designed to facilitate discussion about an event that affects each of us but is not usually seen as a public affairs issue: childbirth. While the experiences of the three caregivers and five births shown in BORN IN THE U.S.A. cannot possibly speak to every woman's experience, we chose stories which would reflect a wide range of perspectives on 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 in starting discussion about this universal issue.

Marcia Jarmel & Ken Schneider - Producers, BORN IN THE U.S.A.



## ABOUT THIS DOCUMENTARY

Three out of every four Americans becomes a parent, yet most of us have never really considered what having a "normal" birth means. Is a "typical" birth, as we experience it in the U.S., "normal?" How much technology is appropriate for the low-risk woman? When does medical intervention help or harm? How do economic and legal factors limit women's choices of where and how to give birth?

BORN IN THE U.S.A. is the first public television documentary to take an in-depth look at low-risk childbirth in America. The film profiles three caregivers: an obstetrician working at a teaching hospital, a licensed midwife attending home births, and a certified nurse-midwife bridging both worlds in an urban, out-of-hospital birth center.

By examining current birth practices in America, BORN IN THE U.S.A. raises questions about technology, safety, and quality of care, and it challenges us to take control of getting the kind of care we want for ourselves and our families.



## 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 to be among the most technologically advanced in the world, and in a culture where we believe anything is possible, we expect this technology to improve our lives and solve our problems. We do, in fact, spend more per birth than any other country

in the world. Each year, approximately 4 million babies are born in the U.S., most in a hospital with a physician in attendance.

Why then do we rank last among the industrialized nations in infant mortality and low birth weight (24th in the world)? Why are African American babies two to three times more likely to die during childbirth than their white counterparts, and African American women four times more likely? What does our medicalized "average" childbirth reveal about our society's support of women and children?

Childbirth is an individual, singular experience with inherent risks and benefits. What should the average, healthy woman expecting a child know? What safe options exist? Are all options available? Should they be? For the average low-risk woman, what are the risks and benefits of technology in the birth room? Should every birth make use of the latest technology?

*"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. A standard physician-attended birth usually includes the administering of intravenous fluids (IVs), the use of continuous electronic fetal monitoring, and the widespread application of regional and epidural anesthesia. (See the Glossary for definitions of all medical terms in this guide.) Cesarean sections—where the baby is surgically removed from the mother's abdomen—occur in more than one in five births (22%); 40% of all vaginal births are accompanied by an episiotomy, a surgical cut to widen the vaginal opening.

Many midwives question the necessity of these interventions, and point to current data that support their use only to correct specific medical complications. They claim that continuous one-on-one care reduces the need for most obstetrical interventions for low-risk women and that research supports the safety of out of hospital births for such women.

Few medical institutions can afford one-on-one care, the limiting factor most often cited by physicians. Obstetricians are generally responsible for more than one birth at a time, in addition to other clinical work, and the vast majority of obstetricians believe these "standard" medical procedures make birth safer. Many even believe that out-of-hospital birth is patently unsafe. Furthermore, doctors must balance their scientific knowledge against the threat of lawsuits and the competitive nature of the medical marketplace.

Consumers also often demand a painless birth, which necessitates the use of technology. Indeed, early feminists clamored for the pharmaceutical



advances to help ease the burdens of childbirth. In the midwifery model, labor pain is managed by constant emotional support, walking, massage, baths, showers, and giving the mother control over her environment.

While no caregiver wishes their patients' pain to consume the 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, back pain, nausea, severe headaches, the use of forceps, vacuum extraction, and c-sections. 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 (7%) 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 homes. American midwives who work in these settings 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 how, where, and with whom she births. Thirty years after *Our Bodies, Ourselves* launched the women's health movement in the United States, birth remains a controversial issue. In 1999, the National Organization for Women voted for the first time to include choice of birth attendant and location in its reproductive rights platform—indicating a new awareness in the feminist movement of the need to expand our dialogue about birth.

Given the opportunity, every woman would choose to give birth in the environment where she feels most comfortable. The ability to choose an appropriate birth setting that is culturally sensitive, comfortable, and empowering, and a caregiver who is competent and respectful, is an essential right that belongs to every woman. The evidence shows that when women are allowed to choose and are supported in their choice, their births have fewer complications, result in better outcomes, and give 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 provide for better births, happier moms, and healthier babies.

### DISCUSSION QUESTIONS

#### Before viewing the program:

- What do you think birth is like?
- 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? Do you have a different view of midwives now? 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 differently? Can you identify positive and negative aspects of each type of care? What was the relationship between the patient and the caregiver like 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?
- Given the poor statistics in the African American 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, and electronic fetal monitoring. Check out the list of Birthing Resources for more information.
- Seek out "Mother-Friendly" care (see "How to Have a Better Birth," below). Interview different providers and visit various birth services and settings. Trust your instincts. Write your own birth plan and discuss it with your care provider, particularly if you have cultural or religious preferences.
- Plan for continuous physical and emotional support during your labor, from family and friends or from a professional labor assistant ("doula").
- Prepare yourself as best you can for childbirth: physically, mentally, and emotionally. Take a childbirth education class, exercise, eat well, watch gentle birthing videos, read positive women's stories, focus on birth as normal and healthy.
- 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.
- Generate discussion about childbirth among your friends, co-workers, and in the larger community.
- Contact one of the organizations on our Resources list and find out how you can help make mother-friendly birth choices a reality in your community. Contact the Coalition to Improve Maternity Services (see Resources) about rating the mother-friendliness of birth services in your area.
- Volunteer to staff a table at community health fairs, state fairs, or other events where women learn about issues that affect them. Contact one of the organizations on the Resources list for materials and information.
- Write a letter to the newspaper about childbirth issues in your community.
- 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.
- Host an event on Mothers Day to celebrate woman-centered birth practices and educate the public about birth issues. Collaborate with other groups in your community that might share a common interest in childbirth or women's health. Make it a newsworthy event! Invite speakers and encourage local press to attend.
- Call and thank your local PBS station for airing BORN IN THE U.S.A. 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 points of view.

## FACTS ABOUT CHILDBIRTH IN THE U.S.

- Childbirth accounts for one fifth of all health care expenditures in the U.S.
- More than one out of every five babies (22%) is born by cesarean section. This number has not decreased substantially in 10 years, despite the benchmark of 15% set by the Centers for Disease Control in 1990.
- Well over half of all American births involve some kind of surgical or operative procedure: cesarean section, episiotomy, vacuum extraction, or forceps.
- Between 1989 and 1997 the use of drugs to start labor (induce) or increase the strength or frequency of contractions (augment) doubled. Induction of labor is associated with an increase in cesarean sections.
- As a matter of course, almost all women under obstetrical care are required to fast during labor, although the data suggest that this practice is unnecessary and can actually make laboring and birth more difficult.
- The average prenatal appointment with an obstetrician lasts less than 10 minutes. With a home-birth midwife, the average prenatal appointment lasts 45-60 minutes.
- In 1999, midwives attended approximately 320,000 births (8% of all births) in hospitals, out-of-hospital birth centers, and private residences.
- African American babies are two to three times more likely to die during childbirth than their white counterparts. The mortality rate for African American mothers during childbirth is four times higher than for whites.
- Most women do not have access to birthing center services. According to the National Association of Childbearing Centers, there are only 145 out-of-hospital birth centers across the country, and they exist in only 31 states.
- Studies show that the continuous presence of a trained labor support person improves women's childbearing experience—lessening fear, anxiety, and pain—and results in better outcomes, including fewer interventions and complications, greater success at breastfeeding, and less likelihood of c-section or vaginal tearing.

- A 1989 study published in the *New England Journal of Medicine* showed that low-risk women in a birthing center were as safe as low-risk women in the hospital, but had fewer interventions and fewer c-sections.
- C-sections carry the same risks as any major surgery. Babies born by cesarean have a higher risk of prematurity, respiratory distress syndrome, and bodily injury.
- Midwives' ability to practice varies from state to state and from one community to another. In general, midwifery is limited by legal constraints, insufficient back-up from obstetricians, lack of insurance coverage for out-of-hospital birth, and limited public information.



## HOW TO HAVE A BETTER BIRTH: TEN QUESTIONS TO ASK YOUR CARE PROVIDER

1. *Will you allow me to have my choice of companions during birth?* A mother-friendly hospital, birth center, or home birth service provides unrestricted access to continuous emotional and physical support from family members, friends and/or a labor support professional (e.g., a doula).

2. *Will you allow me to move freely during labor and birth?* A birthing woman should have the freedom to walk, move about, and assume the positions of her choice during labor and birth, and should not be required to labor and birth in separate rooms. In particular, the position with the woman flat on her back with her legs elevated ("lithotomy position") should be discouraged.

3. *How do you work in collaboration and consultation with other health care providers and social services?* Every care provider should have written, clearly defined policies and procedures for collaboration and consultation with other maternity professionals and services (for example, in the event of a transfer from home or birth center to a hospital) and should provide access to appropriate social services.

4. *Will you allow me to eat and drink during labor? Do you regularly use IVs and electronic fetal monitoring, shave women or give enemas?* Eating and drinking should not be restricted and IVs should be administered only when needed. Continuous electronic fetal monitoring should not be used routinely on low-risk women as data show it increases c-sections without improving outcomes in low-risk women.

5. *How often do you artificially break the water bag (a technique physicians believe speeds up labor)? How often do you use drugs to artificially start labor or increase the strength or frequency of contractions with drugs?* Look for a care provider whose answer is 10% or less. There are no data to support the routine artificial rupture of membranes, and induction and augmentation should be used only as needed.

6. *How often do you perform episiotomies (a surgical cut to enlarge the vaginal opening)? What is your c-section rate? Do you encourage VBACs (vaginal birth after cesarean)?* A woman-friendly clinic performs fewer episiotomies, fewer cesarean sections, and encourages mothers whose previous birth(s) were by cesarean to deliver vaginally, where possible. Look for target percentages < 5-20% for episiotomies, < 10% for c-sections, and VBAC delivery of 60%+. These percentages are approximate, and will vary by facility, but are an indicator of the philosophy of a birth place. Less cutting is better, and yields quicker, less painful recoveries with fewer complications, allowing a new mom to get on with the business of enjoying and caring for her baby.

7. *Do you encourage "rooming in" (allowing the mother and newborn to remain together 24 hours a day)? If there are no medical complications, how long is a baby usually separated from its mother? How soon after birth?* A mother and newborn should be able to remain together 24 hours a day after birth unless separation is required for specific medical reasons. Mothers and families, even those with sick or premature babies, should be encouraged to hold, touch, breastfeed, and care for their babies to the extent compatible with their conditions.

8. *What support will I receive for breastfeeding?* Mother-friendly care providers encourage breastfeeding within one hour of birth, and provide mothers with the appropriate tools and resources to breastfeed successfully.

9. *What types of pain relief do you provide during labor and birth?* Your care provider should know about and offer non-drug methods of pain relief (massage, hot bath/shower, etc.), and should not promote the use of drugs (e.g., epidurals) except as specifically required to correct a complication.

10. *Where can I get more information about your procedures and about other options for birth?* Request accurate, descriptive, and statistical information about the full range of a woman's choices for birth.

Adapted from the Ten Steps of Mother-Friendly Care, produced by the COALITION TO IMPROVE MATERNITY SERVICES (CIMS), a broad-based coalition of organizations and individuals who support woman-centered ("mother-friendly"), culturally sensitive maternity care.

CIMS includes Lamaze International, La Leche League, the National Association of Women's Health, Obstetric, and Neonatal Nurses, the American College of Nurse-Midwives, the Midwives Alliance of North America, American Academy of Husband-Coached Childbirth (the "Bradley Method"), the International Childbirth Education Association, the National Association of Childbearing Centers, Academy of Certified Birth Educators, and many others.

### 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 or to obtain additional copies of this guide, contact us at 51 Federal Street, First Floor, San Francisco CA 94107; tel (415) 356-8383; fax (415) 356-8391; [itvs@itvs.org](mailto:itvs@itvs.org). Material from this guide is available on the ITVS website, [www.itvs.org](http://www.itvs.org).

To rent or purchase BORN IN THE U.S.A. for educational use, contact Fanlight Productions, 800/937-4113; [www.fanlight.com](http://www.fanlight.com).

The BORN IN THE U.S.A. Community Action Guide, available at [www.itvs.org](http://www.itvs.org), contains information and assistance on using this program in your community.

Design: FullBlastInc.com

# RESOURCES



## GENERAL INFORMATION

Association of Labor Assistants and Childbirth Educators (ALACE)  
(617) 441-2500  
alacehq.hypermat.net  
Information on finding a doula or childbirth educator in your area.

The Boston Women's Health Book Collective  
(617) 625-0277  
www.ourbodiesourselves.org  
Publishers of *Our Bodies, Ourselves for the New Century*, this 30-year-old organization is devoted to education about women and health.

Citizens for Midwifery (CfM)  
(888) 236-4880  
www.cfmidwifery.org  
An excellent resource for information about childbirth in general, legislation, current research, and grass-roots activism in support of midwifery.

The Coalition to Improve Maternity Services (CIMS)  
(202) 478-6138  
www.healthy.net/cims  
A broad-based coalition of childbirth organizations and individuals promoting mother-friendly childbirth care by focusing on prevention and wellness (see "Ten Questions..."), and gives "mother-friendly" designation to birth places.

Lamaze International  
(202) 857-1128  
www.lamaze-childbirth.com  
Offers childbirth education classes and instructor certification.

Maternity Center Association (MCA)  
(212) 777-5000  
www.maternity.org  
The nation's oldest woman centered childbirth organization. Creates excellent consumer publications and conducts classes, conferences, and seminars about birth.

National Association of Childbearing Centers (NACC)  
(215) 234-8068  
www.birthcenters.org  
An umbrella organization dedicated to promoting the birth center concept through advocacy, data collection, accreditation, and support. Also maintains a list of U.S. birth centers.

National Organization for Women (NOW)  
(202) 628-8669  
www.now.org  
The nation's largest women's organization. In 1999, NOW voted to recognize choice of birth attendant and location as a fundamental reproductive right.

National Women's Health Network  
(202) 347-1140  
www.womenshealthnetwork.org  
Monitors and works to influence government and industry policies relating to issues of women's health.



## BIRTH IN SPECIFIC COMMUNITIES

Asian Pacific Islander American Health Forum (APIAHF)  
(415) 954-9964  
www.apiahf.igc.org  
Provides health assistance and advocacy for low-income APIA women. Also collects data and provides public information.

Birthing Project USA  
(888) 657-9790  
With one-on-one mentoring projects in 56 cities, promotes good health and better birth outcomes among African American women.

National Black Women's Health Project (NBWHP)  
(202) 543-9311  
www.blackfamilies.com/community/groups/womenshealth/index.html  
Grass-roots organization dedicated to improving the health of African American women through education, services, and advocacy.

National Latina Institute for Reproductive Health (NLIRH)  
(202) 326-8790  
www.nlirh.org  
Provides education and advocacy about issues that primarily affect Latina women.



## WEBSITES

www.birthingthefuture.com  
Leading childbirth advocate's site. "Birth Today" section packed with information on the medical model, risks, and alternative care.

www.childbirth.org  
Advice from birth professionals, birth stories, and information on birth plans, procedures, and complications.

www.goodnews.com  
Birthing history, fact sheets, legislative updates about midwifery.

The Online Birth Center  
www.efn.org/~djz/birth/birthindex.html  
Information on midwifery, nutrition, breastfeeding, complications, and alternative health.

www.pregnancy.miningco.com/health/pregnancy  
Links to information on c-sections, epidurals, episiotomy and more.

www.womenshealth.medscape.com  
Abstracts of research regarding pregnancy and birth.



## PUBLICATIONS

*The American Way of Birth* by Jessica Mitford (Penguin, 1992)

*The Complete Book of Pregnancy and Childbirth* by Sheila Kitzinger (Knopf, 1996)

*Gentle Birth Choices* by Barbara Harper (Healing Arts, 1994)

*A Guide to Effective Care in Pregnancy and Childbirth* by Murray Enkin et al. (Oxford, 1995).

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

*Mothering Magazine*, [www.mothering.com](http://www.mothering.com)

*Mothering the Mother: How a Doula Can Help You Have a Shorter, Easier Birth* by Marshall Klaus and J. Kennel (Addison-Wesley, 1993)

*Our Bodies, Ourselves for the New Century* by the Boston Women's Health Book Collective (Simon & Schuster, 1998)

*The Pregnancy Book: A Month-by-Month Guide* by William and Martha Sears (Little, Brown, 1997)

*Spiritual Midwifery* by Ina May Gaskin (3rd ed.) (The Book Publishing Co., 1990)

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



## GLOSSARY

**artificial stimulation of labor (also called "induction")**—see induction/augmentation of labor

**augmentation of labor**—The use of drugs such as Pitocin to increase the strength and frequency of contractions in a labor that began spontaneously, but is not thought to be progressing efficiently.

**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 contractions and fetal heart beats (tones) with an external ultrasound belt or an internal electrode attached to the baby's scalp along with 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)**—The use of drugs such as Pitocin to bring on (induce) or speed up (augment) labor.

**IV (intravenous) fluids**—A method of administering fluids through a tube inserted, usually in the back of the hand, so a drug such as Pitocin or other medicine may be slowly released 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.

**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.



# Born in the U.S.A.



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*"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

