

# Time to get out of bed

The obstetric bed is a huge obstacle to practising holistic midwifery, says **Monika Boenigk**. It is time for women to be given more appropriate choices

In any medical or surgical ward, patients with, say, gross ascites adopt a sitting position in bed to minimise respiratory embarrassment. Women in a labour ward, however, with the largest of intra-abdominal masses and ostensibly breathing for two people, end up in a recumbent or semi-recumbent position on the obstetric bed, with their pain exacerbated – and then we ask them to breathe properly!

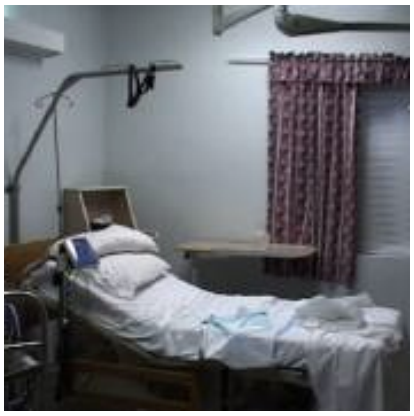
Mainstream childbirth practice still revolves around the obstetric bed. It is the dominant physical feature of the majority of birthing rooms, and its presence dictates the whole conduct of the birth.

With few practical alternatives, the woman has little choice but to get up on to the bed – she may even be ordered to do so! Since she can barely get on and off by herself, any attempts at nurturing self-reliance in the soon-to-be mother are undermined right from the beginning. The close resemblance to other hospital beds does nothing to inspire confidence that the birth will proceed without misadventure.

Lying on an obstetric bed militates heavily against practising holistic midwifery and implementing respectful, interactive engagement with the labouring woman. It is hard for her to see herself as occupying anything but a subservient position in the enterprise of childbirth. Interaction is at best a limping two-way dialogue; at worst, a monologue, occasionally interrupted by a moan, howl or vomit.

Being suspended in mid-air runs counter to the woman's instinctive inclination to get as low as possible once baby's presenting part is free of the bony pelvis. She is unable to follow through with her natural expulsive effort. Instead, she is often coached to push the baby upwards against the pull of gravity. When, finally, the baby emerges, the first to see and touch it are the attendants, who will tell the mother 'what she's got'.

Out of touch with her instincts, experiencing increased pain and engaged only precariously with her attendants, the woman finds it difficult to get the benefits of relaxation and maintain control and ownership of her birth. The woman could hardly be better primed for the well-



described 'cascade of obstetric intervention' – and possible litigation.

There is a notable absence of research supporting the prevailing dogma that the obstetric bed is a prerequisite for the safe conduct of childbirth. Yet, unaware hospital administrators still pour precious funds into furnishing every birthing room with this highly specialised, expensive piece of equipment.

While the obstetric bed might be useful for specific obstetric scenarios, to use it routinely as the default environment for childbirth is to place a huge obstacle in the path of practising a truly holistic midwifery.

## A position of strength

So why has it been possible for the obstetric bed to develop such a stronghold on mainstream midwifery? And why is it that we as midwives accept this awkward and largely irrelevant piece of furniture as the centrepiece of just about every labour room around the world?

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The answer is that childbirth mostly occurs in hospitals that operate on the assumption, explicit or otherwise, that childbirth equals surgery. Such an equation may seem preposterous at first, but consider the transitive conclusion from the relations, 'childbirth equals obstetrics' and 'obstetrics equals surgery'. This tacit acceptance dictates almost everything about our treatment of women in childbirth. Instinct-based, natural birthing positions – such as squatting, using a birth stool or kneeling on all fours – are often viewed suspiciously and pejoratively dubbed 'alternatives'. Is it any wonder that women in childbirth feel disempowered?

Although many midwives try their best to take the woman's focus off the bed and guide her towards more upright, active behaviour, the lack of well-designed, organic birthing furniture often results in the collapse of best intentions on all sides, especially when the going gets tough. So, in the absence of robust alternatives, up on the bed it is – usually followed by the associated reflex resort to analgesia.

It is time for midwives as a profession to relegate this physical and psychological obstacle to the background and to provide their women with more appropriate choices. In creating a flexible and inspiring birthing environment, midwives can finally open the door to resourceful experimentation with holistic birthing principles! **TPM**

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