

# Is policy worship causing client neglect?



Citing health and safety policy as a reason for not permitting the use of birthing furniture flies in the face of holistic midwifery practice, says **Monika Boenigk**

**W**hen will maternity hospitals finally wake up and do what they are supposed to do – provide a supportive physical and psychological environment in which a couple can confidently approach normal labour and birth like responsible adults who are soon expected to raise a new member of society all on their own?

Consider, for example, the following story – and it is by no means the only one of this type to come to my attention – where a woman is actually trying to take care of her own needs in a responsible way, only to be rebuffed and ‘put in her place’ by misinformed staff and outdated

hospital protocol:

*I would like to advise of my recent experience involving the hire of a birthing seat. I planned to use the seat during the birth of my first child. I called the private hospital into which I was booked for my impending labour to check whether or not a birthing seat would be able to be used. I was advised by a midwife during this phone call that the hospital would be able to accommodate my wishes – “It is not against any hospital policy” – but that I would not find an obstetrician in the local area who would be prepared to “get down on the floor” to deliver a baby. I then spoke to my obstetrician who said he thought it was “a*

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*good idea” and that there would be “no problem”. He indicated that he would be quite happy to assist me in giving birth on a birthing seat.*

*When my waters broke I phoned the hospital again to check that all would be okay and I was advised during this phone call by another midwife that using a birthing seat “would be against occupational health and safety policy” and that I would not be able to use it. She also advised that none of the midwives there had ever been involved in using a birthing seat, nor had they been trained to do so. As a result, I gave birth lying on the obstetric bed while the birthing seat stayed in the car.*

*I was very disappointed at not being ‘permitted’ to use the seat, on two levels. Firstly, that I had wanted to use a seat for all the benefits I believe to be associated with giving birth this way; and, secondly, because I was not being given the choice to give birth in the position that I chose. I am shocked that in this day and age I found myself in an environment that was so uninformed, narrow-minded and limiting. I would have thought that the benefits of labouring in an upright position and knowing how to assist women on a birthing seat were part of all midwife training. I feel that it should be.*

Christie Bowmaker, December 2007

There are several issues arising from Christie’s comments that seem worth

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exploring, but first I would like to say that it is quite outrageous for women to have to pay for, and drag into hospital, essential upright birthing equipment while they are already busy with their labour instead of being offered these comparatively inexpensive and versatile tools by the hospital as a matter of course. And it is totally preposterous to decline to allow a woman to follow a previously agreed course of action whereby she organises her own essentials and brings them in with her, trusting that arrangements already made will be honoured. The state of mind in which this poor labouring woman enters the birthing unit is not only deplorable but counterproductive to the whole journey ahead of her. Disappointed, let down, confused, disempowered, suspicious, tense. Is this not exactly what we as midwives want to avoid at all costs?

Now let's look in more detail at some issues arising from Christie's story...

## 1. Women's wishes and choices in labour

Women's needs and wishes are a major concern for everyone involved in their care. By disregarding these choices without proper reasons and against solid research findings, one not only undermines the woman's right to self-governance but also ignores her intuitive knowledge about the process that might work best for her particular physiological and psychological circumstances. This omission could well contribute to a course of events ending in unnecessary intervention and a client who is dissociated from a profound and intensely personal experience. In the event of misadventure, one is far more likely to end up with a litigious client on one's hands.



Ultimately, one could be deemed liable for neglecting a woman's human rights.

If Christie had been cared for by a midwife through the 'continuity of care' model, the scenario described above would never have occurred in the first place; or, if it had, the midwife would have lobbied on behalf of the woman at the time.

## 2. Professional attendants' attitudes to upright birthing

All too often, the reaction of professional attendants to women who want to do something different from their usual practice is governed by ignorance. For example, to object to birthing in an upright position on the grounds that the midwife or obstetrician has to "get down on the floor" is to disregard the existence of a midwife seat designed expressly for the comfort and convenience of the attendant. It is easy to be dismissive of tools and techniques with which we are unfamiliar. This is a common human reaction in many fields besides midwifery. But it behoves the conscientious professional to give the tool or technique an adequate trial before persisting in such dismissiveness.

Let's not forget, too, that many people speak pejoratively of something as though their sentiment were a universal truth, when in fact the thing in question just fails to suit them. Who asks what suits the labouring woman? Even if it were the case

that the attendant had to "get down on the floor", what would be wrong with that? Isn't it about time someone started from first principles (ie, those of holistic midwifery) and devised a practice based on the woman's needs that also accommodated those of the attendant, rather than, perversely, working in the opposite direction?

If midwifery training included an extensive preparation for working with all known normal birthing options – especially the ones introduced by labouring women – practising midwives would be much more resourceful in their daily work. Moreover, they'd feel well-equipped to accommodate such harmless requests as using a well-designed birthing seat without breaking into a cold sweat.

## 3. The 'skills' required to support women who wish to birth upright

The claim that 'special skills' are needed to support a woman in an upright birth is quite ludicrous. The hallmark of practising midwifery is flexibility: being able to support a woman in labour and catch a baby whichever way it falls out. Allowing the woman to feel that at all times she is surrounded by competent and caring attendants who can read her thoughts and needs before she herself half-knows them. Anticipating events and quietly preparing the path to be as smooth and respectful as

possible. Adjusting to changes along the way swiftly and without fuss. Handing the process to the woman/couple so that they own as much of it as is practical in their particular circumstances.

Midwifery is certainly not about locking a labouring woman into a fixed process that can be 'managed' as set out in some disembodied hospital protocol. It is also not about how to 'manage' an upright birth versus how to 'manage' some other sort of birth. The general aspects of caring for a woman in labour do not change with her position! Whether she is on all fours, under the shower or standing on her head, our job is to monitor mother's (and baby's) wellbeing, encourage her, provide whatever support she asks of us, and reassure her that what is happening is normal. If and when complications arise, our job is to deal with each client on an individual, case-by-case, need-by-need basis. Our job is not to tell a woman she has to give birth on a bed.

Looking at caring for a woman as 'managing a birth' ignores and undermines all the principles of holistic midwifery. The woman is considered as a uterus and perineum that need to be 'managed', while her psyche and her transition to motherhood are given nowhere near the recognition and attention they deserve. Yet it is precisely here, in the psychodynamic labyrinth, that many of the answers to a normal birthing experience can be found. The skills required to connect with a woman on this level constitute the art of 'interactive engagement' (described in more detail in a previous article in this journal (Boenigk 2007) and on my website).

Midwives need to embrace a philosophy and practice that engages fully with the woman's transition to motherhood, and that welcomes an individual approach to every client. So telling a woman in labour who wants to be upright and near the ground that "You have to get on the bed because I can't [or, we're not allowed to] do your birth any other way" serves only to make a woman feel that she is in the presence of inflexible – and, hence incompetent – professionals engrossed in their own agenda instead of hers.

Remember that birthing seats have been in use since time immemorial. They were only relatively recently removed from common use because one of the very first

'modern obstetricians' could not bother to conform to the practice of the time and carry the woman back to a bed after the (upright) birth! Remember, too, that any self-respecting midwife in the olden days built her own birthing seat to carry with her to every birth. Indeed, a birthing seat was often part of a woman's dowry.

If we could just for a moment consider our own history, we might rebuild some curiosity in, and respect for, this immensely valuable and versatile tool and the unwavering determination of the women who wish to use it.

#### 4. Availability of active birthing equipment and health and safety

Hospitals often decline midwives' requests to purchase birthing seats for their labouring women by stating that there are health and safety (H&S) rules and "issues" with their use. Midwives themselves frequently deny women the use of birthing seats, claiming that they are "against hospital policy". What arrant nonsense!

Let's get one thing clear from the outset: as the term itself implies, H&S is concerned, in our present context, with the health and safety of midwives and other birth attendants – not with the health and safety of birthing women. H&S does not dictate the design of scalpel to be used by the surgeon, or the drugs to be stocked in the hospital pharmacy. As far as choice of tool (using the term in its broadest sense) for a particular purpose in a particular clinical situation is concerned, this is rightly the province of the professional practitioner. Midwives should be lobbying on behalf of their women, not surrendering their competence and judgement to others outside their field of expertise.

Well-designed, fit for purpose, active birthing equipment is not inherently dangerous. Many years' use of such equipment in maternity hospitals all over the world has never given any cause for concern. Using a birthing seat is similar to using a toilet seat. To my knowledge, the majority of women in developed countries have ready access to toilet seats during their labour. H&S has not (yet) restricted their use. Women regularly have their babies while sitting on the toilet, and midwives regularly help to catch those babies. So where is the difference?

The decision to use a birthing seat is not an H&S issue: it is a clinical issue. A professional attendant might choose to recommend such a tool to a woman in a particular clinical situation such as a large baby, tight shoulders or breech. Or the woman herself might request it, sensing that it might help the progress of her baby. The focus is rightly on the woman and her baby.

Let's look at H&S issues for the attendant. As far as I am aware it is only recently that H&S has kicked up a fuss about a midwife standing around an obstetric bed for hours on end, bending over the woman and having the woman's foot pressing into her sides while twisting her back at an awkward angle to "protect the perineum and guide the baby out". So why this commotion about assisting women giving birth in other – clearly physiological – non-recumbent positions?

In fact, a recently designed midwife seat represents the first serious attempt to cater for the H&S needs of the midwife assisting an upright birth. Is it not curious that the practice of holistic midwifery has such a ripple effect, extending the reach of its benefits beyond the woman and her baby to include all who venture into the birthing environment it creates?

If midwives looked carefully at the proper use of active birthing furniture, H&S issues would quickly evaporate. Reflex resort to the H&S mantra ill becomes a profession in which reflex critique should always put the interests of mother and baby first. The good news is that this no longer means that the interests of the birth attendant need come last. **TPM**

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#### REFERENCES

Boenigk M (2007). 'Interactive engagement and holistic midwifery'. *The Practising Midwife*, 10 (4): 18-19.