



# Why Choose Homebirth

by Maryl Smith

**W**hen I was asked to write an article exploring the question “Why choose homebirth?” my midwife brain automatically went to things that midwives think about: the vast amount of statistical data about the safety of homebirth and the dismal satisfaction reports generated by women after they have given birth in a hospital. (Check out some of those reports on the next page.) But do statistics really prompt women to choose homebirth with a midwife? Why do an increasing number of women choose homebirth?

Perhaps what a new mother cares most about is the memory that she will carry after her birth experience. She intuitively knows that this time will affect her life forever. When a woman considers the options of where to give birth, she is making important decisions about who she trusts. “Will this care provider support my birth plan and sense of control over my labor? Is the place I’m planning to give birth one where I will feel nurtured and safe? Will it be a welcoming environment for my baby and my family, or will this provider and place wind up being the very force that robs me of my dream?”

To answer those questions, I thought: who better to ask than one of the countless doctors or nurses who have chosen to have a baby at home with midwives? So, I turned to Dana Lathrope, an experienced labor and delivery (L&D) nurse. Dana comes across as a happy, compassionate caregiver when she serves laboring women in the hospital and is also a mom who chose to have two of her three babies at home with midwives. She was enthusiastic about sharing with me why she had made this choice.

**Maryl:** Dana, your first child was born in the hospital. Was that experience good or disappointing?

**Dana:** It was awful in so many ways, beginning with the biggest disappointment,

which was the loss of any sense of control at all. It felt like I was not allowed to be a participant even though I was the mom giving birth. I wasn't given any control over decision-making for my own labor. I see this all the time from a nursing perspective. Hospitals have so much routine in place. Those routines mean birth is not as individualized as we would like it to be, or even as we pretend that it is. There is so much more provider preference pushed in a hospital versus at a homebirth. Homebirth midwives leave a lot up to the mother in terms of having control over her environment, positions in labor and the interventions chosen. In the hospital setting you're not allowed as much freedom to labor how or at the rate your body wants to labor.

**Maryl:** *Why did you choose homebirths for your next two children?*

**Dana:** My first delivery ended in a cesarean. I chose homebirth for my second baby because it was my only option for a vaginal birth at that time. All the facilities near me did not allow a trial of labor after a cesarean so a hospital birth would have automatically been a repeat cesarean. The American College of Obstetricians and Gynecologists (ACOG) released a statement that we should [allow] vaginal birth after one and even two cesareans and I knew that was best for my second baby. I chose homebirth for my third baby

because my previous homebirth was so beautiful, rewarding and empowering on so many levels.

**Maryl:** *After you had your first homebirth, how did that change your perspective of hospital birth?*

**Dana:** Experiencing homebirth with a midwife solidified my belief that we are doing it so wrong in hospital. We are not treating birth as the natural event that it should be. At home, birth was so beautiful, peaceful and comfortable. In the hospital it's not that way. Even when birth is at its simplest and easiest, the many hospital routines and interventions conspire to make it otherwise. I think having the homebirth made me realize that birth could be a beautiful, comfortable event. It didn't have to be this scary thing that so many people perceive it as being.

**Maryl:** *What was important to you in choosing your two midwives?*

**Dana:** The first time I had no emotional support for my birth outside of what would come from the midwife, so she needed to be really supportive. I interviewed three or four midwives. The first time I didn't know too much about what was most important to ask, so I picked Darla mainly because she made me feel so comfortable and encouraged me to make and trust my own decisions. She would say, "You got this. Your body's amazing! You are designed for birth." I needed that

confidence. I had moved to another state for my second [home]birth, so I had to find another midwife. I had already experienced an empowering birth and for the second homebirth I had a really supportive husband, so what I needed most was to grow. I chose the second midwife because of her level of knowledge and because her vibe was very birth-friendly. I learned a lot from her, but she would still encourage me to go do my own research. It wasn't like she would just let me do whatever I wanted, but she wanted me to understand why I made the choices I did. So my choices for a midwife were situational to my needs. Finding the right midwife or doula can make you feel super-supported.

**Maryl:** *Were you happy with your decisions?*

**Dana:** Oh, yes, I wouldn't change them one bit.

**Maryl:** *What did you love most about being at home?*

**Dana:** There's no rush to go anywhere for the birth. You don't have to get dressed or get through traffic. One of my favorite things was being tucked into my own bed with my family within an hour or two after having my baby. Not to mention, the food is way better at home. There's a lot of freedom at home. If I wanted to go for a walk or get in and out of the tub I could. It's like this: Imagine a deer in the deep woods that has gone into labor. If she happens to come across some kind of threat she will shut off her labor until she can find a safe place. Then she will turn labor back on again. We do the same thing. We go into labor but when we get to the hospital, which is an unfamiliar place full of strangers, labor slows down or stops. I've seen it happen time and time again. Then the hospital staff will have to give those women Pitocin to get their labors going again. Women are programmed to be in our safe place when we give birth. That's what our body is designed to do best. That's why women laboring at home do so well. The familiar, safe home environment allows the normalcy that is taken away in the hospital setting.

**Maryl:** *Did you feel you were safe at home?*

**Dana:** Oh, yeah. Even being a labor nurse who knows all the things that could go wrong, never once did I have any fear.

### **Information for further research:**

The MANA study that informed us that birth at home for low-risk women is just as safe as a hospital birth:

[mana.org/blog/home-birth-safety-outcomes](http://mana.org/blog/home-birth-safety-outcomes)

The after-delivery questionnaires that have revealed how unhappy women are with their hospital-based experiences:

[transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III\\_Pregnancy-and-Birth.pdf](http://transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III_Pregnancy-and-Birth.pdf)

[nationalpartnership.org/issues/health/maternity/listening-to-mothers.html](http://nationalpartnership.org/issues/health/maternity/listening-to-mothers.html)

The safety statistics on birth in major industrialized nations that put us near the bottom of the safety list, despite the premium prices we pay for birth services:

[modernhealthcare.com/article/20150506/news/150509941](http://modernhealthcare.com/article/20150506/news/150509941)

[washingtonpost.com/news/wonk/wp/2014/09/29/our-infant-mortality-rate-is-a-national-embarrassment](http://washingtonpost.com/news/wonk/wp/2014/09/29/our-infant-mortality-rate-is-a-national-embarrassment)

Even with the slow delivery of my third baby's shoulder I wasn't alarmed. In the hospital it would have been managed completely differently. If I had been on my back on the delivery table, she would have not come out as easily as she did with me being on my hands and knees in the birthing pool. The aggressive maneuvers that would have been done on a delivery table could possibly have injured her or torn my perineum. At home everything was done so calmly and it provided a safe and comfortable entrance for her into the world.

**Maryl:** *From the perspective of a labor and delivery nurse, what are the pros and cons of hospital birth versus homebirth?*

**Dana:** Hospitals have the safety net of a lot of people available really fast. Although sudden, serious complications without some warning are uncommon, things can go wrong. Sometimes we know they're going to happen and sometimes we don't know. But being in a hospital doesn't necessarily mean outcomes will be any better. Trained midwives are well-prepared to assist with complications and know when it is time to transfer to the hospital setting if risk increases. In my experience, homebirth midwives are the people who truly understand what normal birth is and support it. I have asked many doctors, "When was last time you saw a normal, non-augmented, no medical interventions birth?" None of them had, not in a long time! I have seen women come to the hospital wanting no augmentation of labor or interventions and within two hours the doctor is pushing for Pitocin augmentation, despite the woman's request and against best practice evidence.

A laboring woman comes into a hospital and right away [she is] put into a hospital gown. Very rarely is she permitted to labor in her own familiar clothes. She is then put into a very uncomfortable bed and must endure poking and prodding by people she has never met while trying to manage contractions. Everything that we do in the hospital inhibits movement, and freedom to move helps labor so much. Hardly anyone will use a handheld Doppler to monitor the baby so that the mother can be in an upright position. Instead, women are asked to sit or lie down to allow continuous monitoring

for "10–20 minutes" with elastic bands and hard plastic disks pressing into their contracting bellies. Because the nurse is preoccupied with so many things, s/he will often forget to remove the monitor for hours because the mother's comfort and preferences are not the priority. With a midwife-attended homebirth, I feel that the mother's comfort and preferences are central to her care.

**Maryl:** *In US hospitals today more than 33% of all deliveries are by cesarean. That means that one-third of all women will face major abdominal surgery and be left afterward with a cesarean scar and even emotional barriers to labor in a subsequent pregnancy. How did having a VBAC at home impact your birth experience?*

**Dana:** I definitely had to face a fear factor to choose my first homebirth, but the fear was coming from everywhere outside of myself. A lot of pregnant women go to pregnancy support groups in real life or online and those groups, instead of providing intended support, can actually project fear. In addition, at my Ob/Gyn's clinic I was told by the nurse practitioner, "You are going to kill your child if you have a homebirth. How could you be so selfish?" I responded that I was making a well-informed choice about my baby's birth and asked her to leave. I told the office to never book me with her again. The great thing about homebirth and the midwifery model of care is that it would especially benefit those women who wouldn't have had the gumption to do what I did. It allows them to make the decisions they really want to make without provider pressure or shaming. Some women may have preferences, but they see the doctor as the expert person who can do no wrong and so they relinquish their preferences when there is really no medical reason to do so. Consequently, they put all this energy into their birth, but they are actually let down by everyone else. Women too often come away from birth in the hospital with such a bad sense of self. They believe, "I did something wrong" even though it really was the doctor or nurse who failed them. I went into my first homebirth carrying a lot of outside fear. But when it went so beautifully, as it should, I had this overwhelming sense of triumph. I felt like I

was Wonder Woman and that sense of accomplishment has never gone away. I will be really proud of that moment for as long as I live.

**Maryl:** *You made your decision to have a VBAC at home as an L&D nurse who is well-informed about [her] decision. What can you share with other women about the pros and cons of a VBAC at home?*

**Dana:** There is a much higher chance of having a successful VBAC at home, regardless of what the doctors say. It's safer at home. I know that sounds crazy, but a midwife is not doing Pitocin augmentation or distorting your sensations with an epidural, which could be hiding possible complications. Epidurals can actually mask an early uterine rupture. At home you have freedom of movement, which works just as well as if not better than Pitocin in helping labor progress. Unmedicated, you are more in tune with your body and can have the natural contractions and hormones that you are meant to have in order to have your baby. In the environment of the hospital you cannot pump out the same levels of your own oxytocin, that feel-good hormone that helps you contract and cope with labor. Instead, the words and procedures used increase your levels of catecholamines, which are the hormones that inhibit labor and make your contractions harder to manage. Your body is really good at having a baby and, absent obstetrical intervention, it will not over-stress your uterus. I recently saw a physician, who was attending a VBAC mom in the hospital, put an intrauterine pressure catheter into her uterus to measure the strength of her contractions just because she was nervous that she was planning a VBAC. Every intervention we use increases risks. We know via many studies that doctors will sometimes use interventions with ulterior motives. I see it every day. I've seen doctors make up complications that the moms didn't have or refer to staffing shortages in order to have an excuse to induce before a holiday. These motives can seriously affect a woman's experience of birth or her birth outcome. In some cases, it could alter her future birth choices permanently. I have never known a midwife with an ulterior motive to get the baby out because she wanted to go home or get to a Christmas dinner.

**Maryl:** *For women who are planning a hospital birth, are there any steps they can take to bring the benefits of a midwife-attended homebirth into the hospital setting?*

**Dana:** Hire a doula! Even if you want the full medical birth with an epidural. The one big difference between home and hospital birth is the level of support you get. Homebirth midwives know how to provide the comfort, support and energy that every woman needs. Doulas have that same energy and having a doula-assisted birth is scientifically proven to benefit birth outcomes. As birthing women, we typically aren't as well educated in the birth realm as a doula. I have noticed that birthing partners are much less willing to provide hands-on help during labor in the hospital setting. They can often be made to feel like they're the unnecessary third wheel. So a laboring woman in the hospital needs someone who won't take the back seat but will be an active support, even if that means helping the partner to bravely move forward. In a hospital the nurse is busy and can't be a constant support and the doc is definitely not going to be in that role. Homebirth midwives are like having a doctor, nurse, pediatrician and doula all rolled into one and that's one reason why they are so fantastic.

**Maryl:** *For those women who have fears about considering a homebirth, what would you advise?*

**Dana:** If a woman has any fears about her birth, I can vouch for birth-related

hypnosis techniques to calm her fears. Investing time in labor preparation and education is very important to help release fear beforehand. As far as fears about homebirth, do the research. The numbers are out there and the evidence is available for anyone to read. Don't listen to your doctor, neighbor, aunt, friend or your mom. Make the safe and appropriate choice for you alone.

**Maryl:** *Is there anything else you want to add to the discussion about homebirth?*

**Dana:** I think one thing that a lot of people have very different views on when it comes to homebirth is pain management. A lot of people choose hospital birth solely for the purpose of pain management. When they hear that I have had two babies at home they say, "I can't believe how strong you are. Why would you choose to have a painful birth when you can come to the hospital and have pain meds?" I say to them: "Birth doesn't have to be painful." Most people who have a homebirth don't view it as a horrifically painful experience. Women who have hospital births don't have the same level of comfort that you can have at home. There are so many factors in a hospital that affect comfort negatively that you don't have at home. If you are choosing the hospital just because you are concerned about pain, then maybe it's time to learn about the many other ways to cope with pain besides an epidural. The warmth and support when surrounded by warm water in a birth pool amazingly

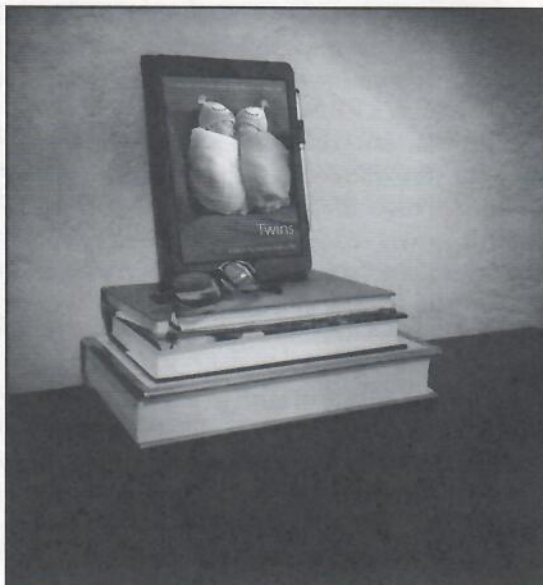
reduces pain. Techniques like Hypno-Birthing and Bradley childbirth methods are so much more effective in the quiet cocoon of home. Women in our birthing culture have a misconception about the discomfort of birth because of the hospital environment in which they have had to give birth. My experience is that you suffer just as much with an epidural, but in other ways in the hospital. It just depends upon the way you look at it.

**Maryl:** *What is in your birthing future?*

**Dana:** Now that I'm done having my own babies, we are deep into our first surrogacy journey so that I can help another family have the gift of children. I'm looking at a transfer date sometime in the spring. My husband and I are hoping to provide at least one or two surrogacy journeys for this family. Meanwhile, I will continue to do my nursing and doula work. I still go back and forth about whether or not I will go on to become a midwife. I feel like I'm already doing important work for women as a labor and delivery nurse, protecting natural birth in the hospital setting.



Maryl Smith, CPM, LDM, is the mother of four children. Her last child was born at home with a midwife and that positive experience launched her own journey into becoming a midwife. She has been attending births at home and at freestanding birth centers since 1984. Today she spends her spare moments going on adventures with her two granddaughters, both of whom were born at home into their grandmother's hands.



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