

## Better Birthing: It's About Time

By Cynthia Overgard  
Pathways #40, page 14



### Talking Points

- ❖ “Better Birthing” begins with a story about Jenny, a woman in labor, entering a hospital birthing room with a digital timer which as “started” when the nurse walked in. She was told she had 10 hours to get to 10 centimeters. The clock would be restarted then, and she would get “2 hours until c-section.” Cynthia Overgard, a childbirth educator in NY/CT area, hears stories like this on a regular basis.
- ❖ Overgard explains the basis of these sorts of protocols – the risks of “prolonged labor.” The World Health Organization (WHO) defines a “prolonged labor” as lasting “longer than 24 hours.” (The average labor for a first-time mom is 12-18 hours, according to WebMD, and this definition only includes *active* labor).
- ❖ Overgard argues that hospitals make arbitrary and unsubstantiated policies such as 10-12 hour “allowance” for labor, or keeping women on their backs during labor, or depriving them of food and water, all for the needs of the institution, and not based on the best care for the mothers and babies. These policies (and interventions) set the stage for c-sections.
- ❖ Not only are c-sections at their highest rate in the U.S. currently (1 in 3 births), they are also significantly more dangerous for mother and baby. “Last year, the WHO reported: ‘Maternal mortality among women who undergo cesarean section is four to ten times higher than among women who deliver vaginally.’” (15)
- ❖ “Women shouldn’t settle for providers who impose arbitrary time restrictions on them, because such practices are sending too many women off to the operating room when they are simply experiencing normal, healthy births... Nature isn’t failing us one third of the time. The system is failing us.” (15)
- ❖ Overgard argues that the hospitals may have internal conflicts here – or rather a conflict of interests. She references the Time Magazine article, “Bitter Pill” by Steven Brill last February, which revealed that the big pharma and hospital lobbyists succeeded years ago in getting Congress to categorize hospitals as non-profits, while allowing them to make profits. “[W]hat

presents itself as a dot-org is actually a dot-com.” “What does this have to do with childbirth? Labor and deliver is the No 1 revenue driver for many hospitals.” (15) But natural births generate the lowest possible maternity revenue for hospitals, whereas c-sections generate the highest.

- ❖ “Our national cesarean rate of 1 in 3 women is a warning to us all. It’s not that providers should stop performing c-sections – it’s that they should stop pushing interventions and protocols that are known to lead to c-sections.” (16)
- ❖ “We must take greater responsibility for our health, our bodies, and our babies. We have to stop buying into the “doctor’s orders” way of thinking, and remind our doctors that we’ve hired them, so it’s their job to serve us. One human being has no moral or legal right to “require” test, protocols, procedures or surgery on another. Constitutional informed-consent laws support this. But as a culture, we voluntarily relinquish those rights because we feel intimidated and uniformed.” (16)

### Resources

Full references for each article are available at <http://pathwaystofamilywellness.org/references.html>

Steven Brill. “Bitter Pill: Why Medical Bills are Killing Us.” *Time Magazine*. March 4, 2013. [content.time.com/time/magazine/article/0,9171,2136864,00.html](http://content.time.com/time/magazine/article/0,9171,2136864,00.html) (This entire article is only available if you subscribe to Time Magazine.) Full pdfs of the article may be available online if you search for them.

Hiring midwives and doulas decreases changes of unnecessary interventions. [Midwifery: Evidence-Based Practice \(pdf\)](#)

Nina Lincoff. “Personal Midwife Care Decreases the Cost of Pregnancy.” Healthline News September 19, 2013. [www.healthline.com/health-news/women-midwife-care-during-pregnancy-safe-and-cost-effective-091913](http://www.healthline.com/health-news/women-midwife-care-during-pregnancy-safe-and-cost-effective-091913)

American Association of Birth Centers. “New Study Shows Midwife-Led Birth Centers Improve Outcomes and Lower Health Care Costs.” January 31, 2013. [www.birthcenters.org/content/new-study-shows-midwife-led-birth-centers-improve-outcomes-and-lower-health-care-costs](http://www.birthcenters.org/content/new-study-shows-midwife-led-birth-centers-improve-outcomes-and-lower-health-care-costs)

To find a midwife near you, see [www.mana.org](http://www.mana.org)