

Elizabeth Soliday: Childbirth in a technocratic age—the documentation of women’s expectations and experiences

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Some would argue that the process of childbirth has evolved over recent times to a current state that favors hospital over home births, physicians over other allied health professionals, and convenience that satisfies the pressures intrinsic to the complex health care system that we function within. The author of this book highlights the evolution of childbirth over time into what she currently describes as a highly technocratic process that relies on technology and efficiency. As a result, expectant mothers are seen as having less control in the multitude of steps that lead from pregnancy to delivery and into the postpartum period. The author states that one goal in writing this book was to give a voice to the many women who have remained unheard regarding their childbirth process. This book is based on a case study of 75 females of diverse backgrounds who responded to an advertisement. This is a very organized and readable book that is divided into nine chapters and includes an appendix that contains the “Comprehensive expectant mother interview” (conducted in third trimester) and the “Comprehensive maternal interview” (conducted at 2 months postpartum). Each chapter provides findings from the women interviewed with quotes and study mother’s narratives which provide a personal touch. The author discloses her own negative bias on hospital births as a result of previous employment within the hospital system. This negative bias does appear throughout the text in both explicit and implicit ways.

Chapter 1, titled “Maternal Expectations in the 21st Century U.S. Birth Culture” provides an interesting introduction to the “mismatch” of expectations and experiences of women in the

pregnancy and childbirth process. The author describes how an increase in the number of factors involved in the childbirth process corresponds with an increase in potential violations of childbirth expectations. Furthermore, the author introduces the idea that just one seemingly unnecessary procedure can lead to a “cascade of interventions” and therefore multiple expectancy violations. Chapter 2, titled “Expected Childbirth Pathways”, contains a clear and organized schematic figure that highlights potential birth pathways and decisions that may occur at any stage in the labor process. The end of this chapter outlines the spectrum of the more holistic (out-of-hospital birth) to the more technocratic (planned C/S) childbirth options with the various intermediary options in between. This outline may have been better placed in chapter 1 as it captures the overall theme of the book.

The third chapter outlines the experience of women in this study (15/75) who chose to have a planned hospital natural childbirth. There was a significant mismatch in this group with only 6/15 (40 %) women having their expectations meet their experiences with labor induction being the most common unanticipated intervention. Chapters 4 and 5 explore the expectations and experience of study women who chose to have either a planned epidural (24/75) or deferral (10/75) of this decision. Epidural is described in this chapter as the professional and maternal medical pain relief strategy of choice with U.S. estimated use of 60–90 % (Osterman 2009). Those women who planned for epidural had a 58 % expectancy confirmation rate, a higher figure than the group in chapter 3, leading the author to hypothesize that the more technocratically oriented the mother, the higher chance of her expectations being met.

The sixth chapter reviews the expectations and experiences of the 16 mothers who planned for a C/S. With C/S being the most technologically oriented birthing choice, this chapter

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showcases the fact that women are, at times, at the mercy of multiple external determinants including the insurance company, hospital guidelines, and physician availability. Overall, 62 % of women in this group had their expectations confirmed and the majority reported satisfaction. Chapter 7 reviews the expectations and experiences of study women (5/75) who planned to have a vaginal birth after cesarean (VBAC). The author provides a thorough and interesting timeline of trends in VBAC rates that have linked to landmark studies with regards to the risk of VBAC as well as the risk of a planned repeat C/S. In some cases, hospitals banned VBAC as an option, likely secondary to fears of legal retribution if the process led to the devastating outcome of uterine rupture. As a result, women choosing VBAC as their desired childbirth pathway have had to deal with adversity as a minority group often seeking out physicians still willing to attempt vaginal birth. Only 2/5 of this group's mothers had their expectations confirmed and this group tended to have the overall lowest satisfaction rate perhaps given the fact that all of this group's participants identified natural childbirth as their initial goal with their first pregnancy.

The eighth chapter is the final one to highlight the expectations and experiences of the study group's cohort with the desire for an out-of-hospital birth. The author points out that certain insurance companies may not reimburse home birth costs, reflecting the cultural and professional biases to this option. Unlike other countries, such as Canada, the author points out that the U.S.A. has no national policies on homebirth attendants in terms of qualifications or hospital affiliation. Of the total 75 women in this study, 5 planned for a homebirth and 4/5 had their expectations confirmed.

The last chapter summarizes the findings and highlights the fact that the majority of women in today's society do choose some element of a technocratic birth pathway. The author points out the myriad of factors that contribute to a woman's chosen childbirth pathway including the cultural context (i.e., the experience of family/friends), own values, and input from healthcare professionals. Again, the author emphasizes that

the childbirth pathways with the most decision points allows for more in the way of expectancy violation. This point is highlighted as the author demonstrates her findings that the childbirth pathways with the fewest decision points (i.e., planned C/S and out-of-hospital birth) had the highest expectancy confirmation rates. However, it is also outlined that the majority of mothers in this study reported their childbirth experience as satisfactory, or better. The author points out that this may simply reflect the absence of a negative outcome (e.g., unhealthy baby) as opposed to a valid measure of expectancy confirmation or violation. Throughout this book, there are suggestions that health care professionals, and physicians in particular, may use their position in the patient-doctor dyad to influence or pressure women to undergo procedures or tests that are potentially unnecessary. In the language used, and inferences made, the author's own negative bias towards more technocratically oriented births is highlighted. Although this is stated clearly in the researcher bias, it would make the book in its entirety more balanced if a more objective stance had been taken. Furthermore, the patterns highlighted in this book would be more effectively demonstrated with a larger sample size and a randomized selection of participants as a selection bias likely exists. Above all, the final sentiment is that women, regardless of chosen childbirth pathway, deserve respectful and humane treatment. Healthcare providers from various disciplines would likely benefit from reading Elizabeth Soliday's compassionate book in which she advocates for mothers by emphasizing the many factors, most important of which is patient autonomy, that contribute to maternal satisfaction in the labor and delivery process.

References

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