



Book Reviews

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[Am I Allowed?](#) by Beverley A. Lawrence Beech

AIMS Publications, 2003

Reviewed by Julia Magill-Cuerden, Principal Lecturer Midwifery and Research, Thames Valley University

Any pregnant woman who requires a guide to the UK maternity-care system and her rights within the NHS will find the step-by-step process described in this book essential reading. Although there is an emphasis on women who wish to birth at home, there is also practical guidance for those who wish to make their own choices for birth in hospital.

The information is clearly divided into four sections: antenatal care; planning maternity care; consent to treatment; and postnatal care. There are useful appendices with further sources of information and details of other organisations. Written by an author who is knowledgeable as regards the rights of women, and highly experienced in helping women to attain their statutory rights for maternity care, lends this book authority.

In addition, the guidance is backed up by research evidence and government reports. The author also points out where there is a lack of clarity between Department of Health statutory guidance given to professionals and the government's existing legislation.

Some of the information will be considered by health professionals to be controversial. For example, there is a clear intention to advise women on their right to birth at home, especially when a Health Trust states that it does not have enough staff to be able to provide such a service. With the current low numbers of midwives in some Health Trusts, this could put stress on those manning the service. Nevertheless, the advice is clear, and much is sound and sensible - for example, accessing midwives as a

first point of call when pregnant.

More emphasis could have been placed on accessing Supervisors of Midwives, whose numbers are increasing in most Health Trusts, together with the value of negotiating with them before contacting the Chief Executive of the hospital.

In identifying women's rights, the first section of the book explains the background to the use of the professional language. Also welcome is the explanation of the misuse of the term 'allow'.

This is not necessarily a book to be read through from beginning to end, but more a resource to be used, as appropriate, before and during the childbirth process, as it describes women's rights from the onset of pregnancy to birth aftercare.

This essential reference volume is for both women and healthcare professionals who wish to be informed regarding women's rights in childbirth, as well as to give clarity to the development of NHS policies and practices that can influence the choices that women make for childbirth.

Editor's note: AIMS can provide contact details for Supervisors of Midwives.

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Birth After Caesarean by Jenny Lesley

AIMS Publications, 2004

Reviewed by Jane Weaver

This thoughtful booklet is written by a woman who herself experienced three caesarean sections (CSs) before achieving a home water birth. Jenny's birth story is inspiring, and is one of several offered in this book - and these true tales, alongside numerous quotations from other women, are among the features that give this volume a strong sense of credibility.

The booklet is designed to provide unbiased information for women, or their partners, who have experienced one or more caesarean sections to enable them to think about their future birth options. While it will be of particular help to women considering a VBAC (vaginal birth after caesarean), it is also sensitive to the woman who feels unable, for clinical or personal reasons, to consider alternatives to an elective caesarean.

The booklet begins by discussing the pros and cons of both VBAC and elective caesarean section. It then goes on to explore some of the situations that women are often told preclude them from having a VBAC, such as multiple previous caesareans and twin pregnancy.

The book does not mince words concerning the risks associated with both VBAC and caesarean section,

but it is honest in areas where conclusive evidence is lacking. The author, for example, points out that, for many women, the known risks of VBAC will be comparatively small.

The oft-cited medical viewpoints are discussed alongside the opposing arguments, and reminds women of their right to choose or refuse various options.

There is also a wealth of useful resources gathered together at the back of the book. The text closes with positive advice for women who elect to have a caesarean section, and ends with one final birth story - this time, from a woman who found herself unable to have the VBAC she had hoped for. The story shows how, with the support of a sympathetic obstetrician and theatre team, and with the care and consideration of her partner and a friend, the woman was able to have a caesarean in which she felt both in control and as if she had given birth to her son rather than been delivered of him.

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Ina May's Guide to Childbirth by Ina May Gaskin

Random House, 2003

Reviewed by Lizzie Ruffell, Holistic Birth educator, Oxfordshire

[Find this book on Amazon](#)

This is the long-awaited follow-up to *Spiritual Midwifery*, first published in 1977, which became a bible for many women during their childbearing years.

Like its predecessor, this book starts out with a large section devoted to people's birth stories, told in their own words, many of which are more modern, up-to-date and easier to relate to than in the first book. There are even stories from women who were born on The Farm and who went back there for the birth of their own babies.

The rest of the book goes into a great deal of detail about the mind-body connection, and how our emotional state can interfere with the flow of labour by slowing it down as well as speeding it up.

Both the pain and pleasure involved in giving birth are explored, including a section about orgasmic birth - still the subject of taboo - so it is fantastic to see it being given the space it deserves.

The book also includes lots of practical advice on how to make your birth experience work for you by staying active, and how gravity assists with labour.

Ina May's Guide To Childbirth is easy to read, follow and understand. It includes clear and concise information, and some beautiful photographs. A lot of the book, however, refers to American procedures that are slightly different from those done here in the UK. This may result in some confusion, so it would

be good to see a collaboration between Ina May and a British midwife to produce a UK edition just for us over here.

I highly recommend this book to all midwives, birth educators and parents-to-be. I found it inspiring as it shows how birth can be healthy and normal for the majority of women, given the right support, as can be seen from the table of statistics and outcomes for over 2000 births that have taken place on The Farm over the last 30 years.

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Listen To Me Good: The Life Story of an Alabama Midwife by Margaret Charles Smith and Linda Janet Holmes

Ohio State University Press, 1996

Reviewed by Nadine Edwards

[Find this book on Amazon](#)

This book is based on many long conversations between midwife authors. Margaret Smith's lifestory is set in Eutaw in Greene County, Alabama. At the time of publication, she was thought to be the oldest living midwife in the state. With a strong belief in Christianity, she had a will to do the best for the women she served - "in the nearly 3,000 births she attended, she never lost a mother and rarely lost a baby." Drawing on her experience, skills, faith and herbs, Smith describes working among the poorest black women and families in Alabama. The political backdrop provided by her stories describes the context in which black midwives practised and continue to practise. The combined forces of medicalisation and racism faced by these midwives make for very different experiences compared with those of many white midwives.

Margaret's strength of character, optimism, warmth, humour and deep humanity rise above the profoundly distressing and depressing racism and associated poverty. Her outcomes are even more remarkable considering that "before desegregation, many doctors and hospitals refused care for poor black women. Midwives resolved many complicated situations with only neighbours and friends to help them out. Mrs Smith's skills as a midwife stood up to many of the challenges she faced, allowing her, as black folks often say, to 'make a way out of no way'. In the course of attending thousands of women during birth, Mrs Smith met few problems that she couldn't solve".

Despite the wealth of skills accrued by many black midwives during their years of practice, a new law in 1976 effectively outlawed empirically trained midwives. After many years of serving women in their communities, 150 black midwives in Alabama were told that they could no longer practise, and no new 'granny midwives' were certified after 1978. Other moves prevented nurse-midwives from attending home births, and changes in insurance regulations meant that women were only covered for hospital care

with hospital-based staff. Midwives were redefined by medicine as old-fashioned, and associated with poverty, danger and segregation. The story of independent black midwives is set against the devastating effects of racism and poverty, the rise of obstetrics, and the fear of indigenous knowledge and practices.

This book challenges us to think about the social support women need during childbearing and motherhood, how to expand the meaning of midwife, and provide a diverse range of training and educational routes into midwifery, as well as how we can learn from empirically trained midwives still practising traditional midwifery skills all over the world.