AIMS For a better birth...

Lies, Damned Lies and Obstetric Opinion

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The American College of Obstetricians and Gynecologists [sic] (ACOG) has issued a press release about home births (6th February 2008). Not surprisingly, they are against it. Their reasons have nothing to do with safety, or the best interests of the women. It has everything to do with their continued attempts to eliminate the midwifery profession and ensure that their cash flow is not diminished. The College members have a long history of intimidation and oppression of midwifery in the United States and they came very close to wiping out the profession altogether; in many States midwives are still jailed and prosecuted for attending births at home. The ACOG press release is stunning in its hypocrisy.

'Childbirth decisions should not be dictated or influenced by what's fashionable, trendy, or the latest cause célébre.' This statement is from a profession that championed episiotomy for all women, instructed women to lay their babies on their stomachs when they put them down to sleep (that advice resulted in the death of thousands of babies all over the world) and electronic fetal monitoring for all women in labour (with no evidence at all that this is beneficial, let alone essential). None of these recommendations was based on evidence, but on fashion.

The USA has one of the highest caesarean section rates in the world, but the College claims that 'there is no scientific way to recommend an 'ideal' national caesarean rate as a target goal' and put their rates down to 'maternal choice and the rising tide of high-risk pregnancies due to maternal age, overweight, obesity and diabetes'. The World Health Organisation statement that 'there is no evidence of benefit to women or babies when caesarean section rates exceed 10%' is conveniently ignored as is any research evidence at all to back up the statements in their Press Release.

The press release churns out the usual shroud-waving statements of a profession that cannot see the wood for the trees. Childbirth is dangerous and the only safe place is an American hospital where the doctors can intervene to 'lower the likelihood of a bad outcome'; conveniently ignoring the fact that the likelihood of a bad outcome has a great deal to do with the over-medicalised approach employed in these hospitals, which can turn a potentially normal birth into a medical emergency from which the obstetricians have to 'save' the woman and baby.

The College states that 'studies comparing the safety and outcome of births in hospitals with those occurring in other settings in the US are limited and have not been scientificallyn rigorous'. They conveniently ignore the growing evidence from the UK and other countries showing that home birth is as

safe as hospital birth (and if one takes into account morbidity, especially psychiatric morbidity, one can claim that it is far safer); or the statistics that reveal that the perinatal mortality rate in the US is one of the worst in the developed world.

The most hypocritical statement occurs at the end of the press release 'The main goal should be a healthy and safe outcome for both mother and baby'. If the ACOG was truly concerned about a healthy and safe outcome they would be vigorously campaigning for more low risk women to birth in the safety of their own homes. Available at www.acog.org