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Beware the Dead Baby Card...

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Johanne Dagustun reveals that it is not always played in the baby's best interests

Call me naive if you wish, but I was shocked to come across some persuasive evidence that 'playing the dead baby card' is an acknowledged and accepted part of medical culture, used to gain control over childbirth decision-making, even where the healthcare professional sees no risk to the baby's life.

The evidence I found to suggest this murky side of the maternity care service's particular form of 'management by shroud waving' is tucked away in a scholarly article reporting on some new research. This research focuses on how Canadian pregnant women and care providers manage birth in the context of a highly medicalised culture of childbirth.1 High rates of caesarean section, induction and EFM are as common in Canada as across much of the developed world. The article concludes that there are huge pressures on the part of everyone concerned with childbirth to accept surveillance and interventions 'in a risk-averse culture'. But as ever with qualitative research, it is in the detail of the report that important cultural norms are revealed.

For the study, Wendy Hall and her fellow researchers ran a series of focus groups across five Canadian cities, each comprising a variety of healthcare practitioners and first-time pregnant women, to help shed light on the question of how such a high-intervention childbirth culture is continually re-created as a result of the everyday actions of both healthcare practitioners and pregnant women as they go about seeking to manage labour and birth. Identifying how all participants seemed to be explaining their actions in terms of 'minimising risk whilst maximising integrity', which of course plays out in different ways for different participants, the researchers stumble across what struck me as a very honest account of the 'dead baby card' phenomenon:

'Care providers who relied on surveillance, interventions, and plotting courses that emphasised risk were more likely to exert their control and feel strong through minimising women's power and control and, ultimately, their integrity. Some care providers talked about "pulling the dead-baby card" when their need for control and power was more important than women's control, whether or not the baby was at risk:

'I've heard that. "Well, you don't want your baby to die, do you?" We call it pulling the dead-baby card. We really want you to do this thing ... Some were for things that were not life-or-death situations.'

Wow!

Whilst researching contemporary UK childbirth culture, I often find that I have lost my ability to be

shocked - too often I seem to adopt a position of weary acceptance at such information, but after a pause for thought, this passage really brought me up short.

Perhaps you have personally witnessed this 'dead baby card' phenomenon? If not, you may have heard about it second-hand, given its frequent citing on a number of online birth support groups. I must admit that I was a little sceptical of both its existence and seemingly huge power until I consciously experienced it for the second time last summer, when I witnessed an obstetrician using it quite overtly, in a way which made little sense to me at the time. In that case, notwithstanding its apparent incongruity with the situation at hand, I certainly felt the technique's power. It quite chillingly triggered its intended effect. Highly efficiently, it immediately seemed to silence the pregnant woman concerned, ensuring that complete responsibility for decision-making about her baby's birth was handed over to the medical team.

Some of you will be aware of the debate about this 'dead baby card' technique which is currently underway in the blogosphere, which links into a broader debate between 'pro- and anti- natural birth proponents'. This debate has inevitably included the voices of some bereaved parents, who make an impassioned case for not dismissing 'the dead baby card'. Parents who have lived through a harrowing experience of losing their baby often make for thoughtful advocates of medical intervention, of course, and it is important to pay heed to their stories.

But nowhere before - and certainly not in this blogosphere debate - have I seen the suggestion that the 'dead baby card' is played in cases where the obstetrician doesn't honestly feel that there is real danger if their recommended care pathway isn't followed. Thanks to Wendy and her fellow researchers, this murky truth about the techniques used by healthcare professionals to assert control over the birth process has now been well and truly revealed. So much for the rhetoric of womancentred care, informed choice or shared decision-making.

So what? For me, this is a call to action. It validates yet again the role of organisations such as AIMS, which seek to support prospective parents who encounter the 'dead baby card' in the course of their routine maternity 'care'.

Hard as it might be (and I know it is), we need to support a more authentic process of communication when 'the dead baby card' is played, for example one in which all concerned feel able to stay calm and request a straightforward account of the rationale for the healthcare practitioner's recommended course of intervention. Only when we are truly persuaded that the situation would benefit from intervention (which will inevitably disturb the wonderfully intricate and sophisticated physiology of childbirth) should we let the medical team proceed.

References

1. Hall, WA, Tomkinson, J & Tomkinson, MCK (2011) Canadian Care Providers' and Pregnant Women's Approaches to Managing Birth: Minimizing Risk While Maximizing Integrity Qualitative Health Research DOI: 10.1177/1049732311424292 Published online 22 September 2011