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Book Reviews

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Wilful Blindness: Why we ignore the obvious at our peril by Margaret Heffernan

Simon and Schuster
ISBN 10: 1847399053
ISBN 13: 978-1847399052
£8.99



Reviewed by Nadine Edwards

Find this book on Amazon

Wilful Blindness is not about birth, but was recommended to me by a thoughtful and committed midwife, who has suffered from the wilful blindness of those around her. It is the result of excellent investigative journalism and hence easy to read and engaging.

As it happens, it includes a section on Alice Stewart (of The Woman Who Knew Too Much by Gayle Greene, well worth a read and reviewed by Jean Robinson in AIMS Journal Vol 15 No 3). Alice discovered, through careful research, that x-rays harm unborn babies, but because of the beliefs of her day, her discovery was vigorously rejected, and it took many years – 25 to be exact – before it was accepted. Meanwhile many more babies suffered because of wilful blindness. This book is about how we are all blinded by our beliefs and values, both individually and collectively, and how we are drawn to those who share those beliefs and values.

The book explains how even when new knowledge is blindingly obvious, it can be ignored and, worse still, strenuously rejected over a long period of time. The bearers of new knowledge might well be cast as trouble makers – mad, bad or sad. The book is helpful because it includes us all. It shows how systemic

problems make it difficult for us to be open and curious. It provides a different kind of understanding about why change is very difficult to bring about. And yet the author does not shy away from individual responsibility and accountability: it is both shared and individual and the author brings both to account. The stories exposed in the book are both fascinating and horrifying. Well worth reading.

Supporting women to give birth at home: a practical guide for midwives edited by Mary Steen

Routledge
ISBN 10: 0415560306
ISBN 13: 978-0415560306
£23.99



Reviewed by Beverley A Lawrence Beech

Find this book on Amazon

A cover of a book can be very influential. It can give a good impression of the contents or it can completely put one off buying it. This cover's photograph shows a woman lying on her back with her baby on her stomach and two small children looking decidedly wary in the background. Not a good beginning and, I regret to say, any enthusiasm I might have had for a book that supposedly was written to support women to birth at home was gradually eroded as I read on.

Language, as Mary Cronk has frequently pointed out, is important; and so are the rights of the woman. It is unfortunate, therefore, that far too often the text refers to the woman being 'allowed', when it is the woman who does the allowing and the midwife who is required to advise her. 'The mother should be allowed to moan, sob, grunt or scream as the second stage of labour progresses.'

Even when advice is referred to, there are overtones of compulsion and a mis-understanding of the rights of the midwife; for example: 'Whereas the woman herself should be in control of who is present for the birth and supporting her, the midwife must be present for monitoring the progress of labour and for delivery.' (p26). Midwives have no right to be present and women are not obliged to contact.

midwives when they intend to birth at home; this erroneously suggests that they must. This misinformation is compounded further : 'should there be a divergence of views on treatment, the midwife's professional opinion should be considered and the clinical route forward must be the one that she is advocating.' (p130). The midwife is there to give the woman the benefit of her advice – whether or not the woman takes it is entirely up to her.

Midwives' lack of knowledge of the law is understandable when far too often they are misinformed. This book adds to that confusion: 'It is illegal for a partner, family member or friend to intentionally plan to replace a skilled professional at the birth.' What the law actually states is that 'no person other than a registered midwife or a registered medical practitioner shall attend a woman in childbirth.' By 'attend',

the law means perform clinical tasks and give medical care; it does not cover the simple act of being there to offer practical and emotional support. It does not give the medical professional the right to be there; it prevents those without registration pretending to hold a position when they do not. The law makes no mention of 'replacing a skilled professional' and there is nothing illegal about a woman choosing to birth with her husband, partner or friend who will be there to support her. It is up to her whether or not she calls a midwife.

I would have expected a book that really supported women to give birth at home to have had a detailed discussion of the dilemmas that a midwife could face, not least what to do when a woman persists in stating that she is staying at home. Instead, the advice is 'Women deemed to be at higher risk should be actively encouraged to give birth in a consultant-led maternity unit.' The line between 'active encouragement' and coercion can be very fine indeed, and it would have been helpful to have a discussion of the principles of informed consent and informed refusal. Instead, the phrase 'it is essential to ensure that women understand the implications of any actions they decide to take' is repeated in various forms throughout the book.

'An appointment will be made with the woman to discuss her plan of care … however, women must not be "protected" from understanding the possible implications of their decisions'. (p131). In other words, feel free to repeatedly bully her. Which makes the following sentence most intriguing: 'The training should include conflict resolution and educating midwives about the practicalities of using break away techniques.' (p129). Just who is this conflict resolution aimed at? Is it dealing with a stroppy mother or a difficult colleague?

When talking about the role of the doula, it states: 'They cannot challenge medical or midwifery advice given to the woman or persuade her against a course of action or treatment suggested by the medical team.' (p130). Why not? A doula is employed by the woman to give her support in labour and has a responsibility to comment on any advice that is contrary to the woman's wishes or to act when poor practice is witnessed. Standing silently by while knowing that poor practice is being advised or undertaken is unethical.

Space prevents me from commenting on the inaccurate clinical advice that is evident throughout the book except to draw attention to the comment on page 175. Having stressed the maxim 'hands off the breech', the advice then lists the action to be taken as the baby emerges. So much for 'hands off'! And in the section dealing with a baby unexpectedly born showing little sign of response or activity, the advice makes no mention of the importance of keeping the cord intact. (p188).

The book gives an impression of being written from a management perspective and not by midwives with an intimate knowledge of home birth.

I do not see that this book will help a midwife attending a home birth, and it is certainly not a practical guide; indeed I suspect that following its advice could well lead to any number of difficulties.