Perspectives on risk?
or
Risk in perspective?

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The emotional and the logical response

We all have our own riskometer…

Does this look safe?

What about now?

I would have preferred to die

"I was in no way going to a hospital again. My fear surrounding the hospital was so intense - I'm different to this now- but at that time I would have preferred to die than go through what I went through again because I felt like if I went through that again, that would be my death anyway, maybe not physically but spiritually and emotionally, so we decided that okay we'd go for an unassisted birth" (Freebirth)

High risk or broken?

"the risk factor for like a normal person going to rupture and a woman attempting a VBAC rupturing is such- you know there is only a tiny bit of difference but still, for me there was that feeling of , I've been broken, my womb has been cut, it's not as strong. But I never really, even like being overweight and everything, I never really saw myself as like high-risk, not at all." (High risk home birth)

Backed into a corner

Because the thing was is that we were backed into a corner, basically the obstetrician and the hospital said, no, you are a VBAC you will come to hospital and I guess, not that we said it but I guess in a way what I was saying was, no, I'm not a VBAC, I've had my VBAC, I've already proven that I can birth vaginally, I'm lower risk, I've had a healthy normal pregnancy and I am going to choose to labour as long as possible at home and then we will see what will be, and what ended up being was that I ended up having the baby at home too....(Freebirth mother)

Science, logic and humanity?

Selection criteria used when booking pregnant women for different places of birth at 27 NHS Trusts. 128 different, individual criteria, used to select women for different places of birth. No single criterion appeared on all the sets of criteria. (Campbell, 1999)

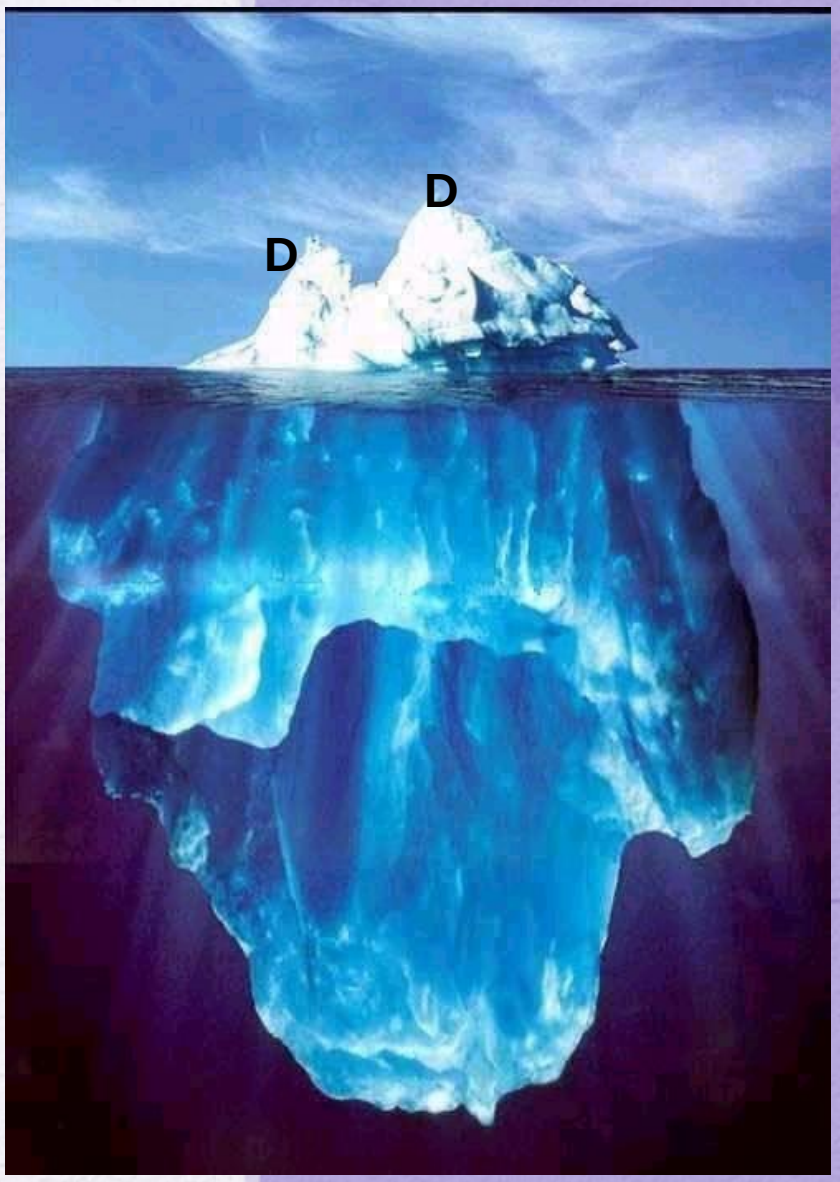
Obstetricians and midwives should work together towards a common goal - a style of antenatal care and care in labour which **is acceptable to women,** which is safe, and which is based only on principles of science, logic and humanity (Grant, 1999)

Campbell R, (1999). Review and assessment of selection criteria used when booking pregnant women at different places of birth. *Br J Obstet Gynaecol* 106: 550-556

Risk and childbirth

"If I were to extract only two words whereby to classify the concerns of contemporary obstetric practice, they would include not birth, but risk and death."

(Jo Murphy -Lawless, 1998 p 229)



Beware of the two D's

Childbirth vs motherbirth

Sacrificing my self for my baby

vs

A healthy mother is a healthy baby

Childbirth…

I couldn't help thinking I might harm the baby or myself in the process [VBAC] all in a quest to have the birth experience I wanted. And, perhaps it's time to start thinking like a mother. What mother would let her baby take any of the risk? A c-section may be harder for me but it all but guarantees the delivery of a healthy, undamaged baby.

http://blog.moniqueandbenoit.com/?p=169
(Feb 08)

Motherbirth…

My birth story is really the story of a woman becoming a mother; not just the first time a baby emerged from her body, but every time. My journey has taught me that the experiences we so often call childbirth are just as much an experience of motherbirth.

http://living-learning-growing.blogspot.com/2008/10/back-againwith-my-birth-story.html (October 08)

What about us?

Is this all we know?

Fear leaves indelible memory traces

….even after the fear inducing conditioned stimulus has been extinguished, the brain retains a changed pattern of neuronal firing response to that stimulus and of the neuronal connections between cells

LeDoux, J. E., Romanski, L., & Xagoraris, A. (1989). Indelibility of subcortical memories. *Journal of Cognitive Neuroscience, 1,* 238-243.

Quirk, G. J., Repa, J. C, & LeDoux, J. E. (1995). Fear conditioning enhances short-latency auditory responses of lateral amygdala neurons: Parallel recordings in the freely behaving rat. *Neuron, 15,*1029-1039.

Sanghera, M. K., Rolls, E. T., & Roper-Hall, A. (1979). Visual response of neurons in the dorsolateral amygdala of the alert monkey. *Experimental Neurology, 63,* 610-626.

We need to deal with our fear first

"We cannot hope to begin to deal with women's fear of childbirth unless we are willing to examine our own, and recognise how we can and do contribute to women's fear" (Dahlen. 2010)

Dahlen, H. (2010). Undone by fear? Deluded by trust? . *Midwifery, Jan 2010*(10.1016/j.midw.2009.11.008).

Who's fear is it anyway?

- Pregnant women were willing to accept higher risks of morbidity than clinicians for all 17 complications presented to them before requesting an elective caesarean section.
- The views of midwives were closest to those of pregnant women
- Urogynaecologists and colorectal surgeons were most risk adverse, with 42% and 41%, respectively, stating that they would request an elective caesarean section for themselves or their partners.

Turner, C.E., Young, J.M., Solomon, M.J., Ludlow, J., Benness, C., Phipps, H., 2008. Vaginal delivery compared with elective caesarean section: the views of pregnant women and clinicians. BJOG: An International Journal of Obstetrics and Gynaecology 115, 1494–1502.

High numbers of obstetricians would request caesarean section?

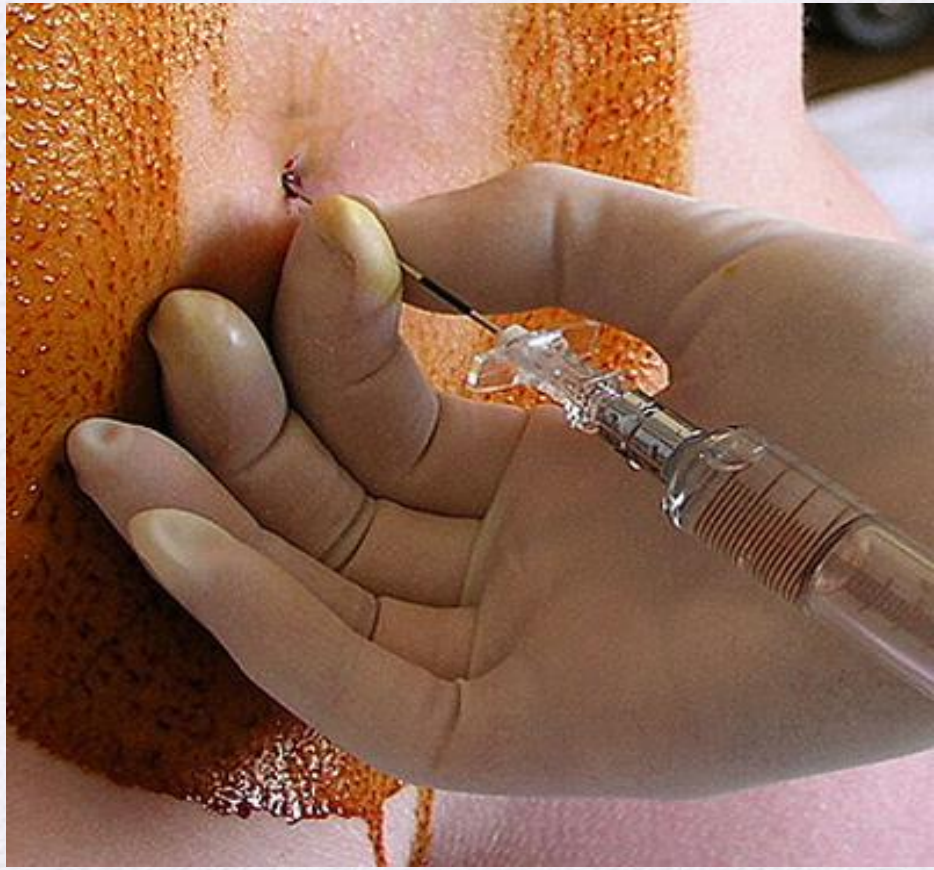
- 31% of female London obstetricians indicated that they would opt for a caesarean for their own births (Al-Mufti et al., 1997)

- In countries where the caesarean section rate is low, such as Norway, Denmark and the Netherlands, similar surveys indicate that small numbers (1.1–2%) of obstetricians would choose caesarean section for themselves or partners (Backe et al., 2002; Bergholt et al., 2004).

"it appears that when obstetricians work in environments where the rate of caesarean is high, so are the personally perceived benefits (Homer and Dahlen, 2007).

How do we measure risk?

Immersion in water



Epidural

Why is there a need to prove homebirth is unsafe?

Homebirth exists at the periphery / margin of the obstetric gaze (Surtees, 2009)

Because we essentially fear birth and women's agency, because birth has become about us the health professionals

Fear or revere birth?

... I would suggest the majority of midwives and doctors don't actually trust birth which is why we have to intervene all the time, we have to do excessive intervention' (Midwifery consultant)

WMDs

Women who

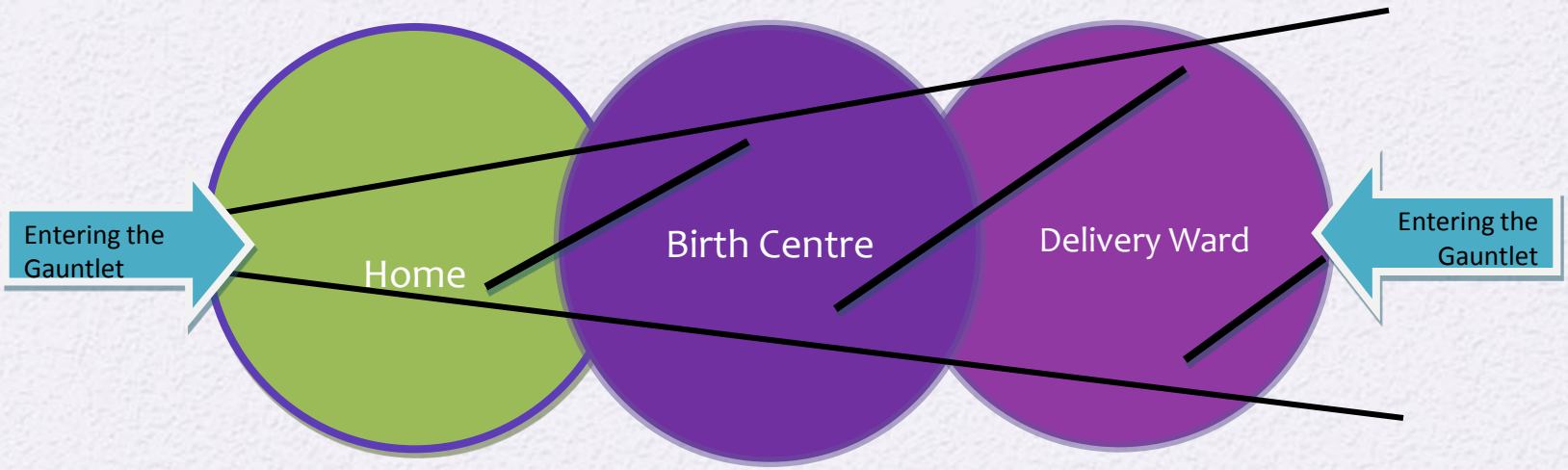
May be

Dangerous

Women and midwives ‘juggling instinct and fear’

Running the gauntlet

RUNNING THE 'GAUNTLET'



Midwives are protecting themselves from the gauntlet they would need to run through if someone did "fall off the perch". (BC Midwife).

We are constantly under scrutiny – like they are waiting for us to fail. (BC Midwife).

Trust and fear…

‘ if you are dealing with everything being normal and most things are normal then you are not going to have any kind of fear in you… whereas if you’re dealing with abnormal all the time there’s always that fear’ (BC midwife)

Midwives have no excuse!

Putting risk in perspective

Midwives have a different perspective to doctors: they don't let risk rule the day. They will focus on the positives and put the risk in perspective (Dr Andrew Bisits van Tiggelen, 2009).

Coming home…

Trust… the bend in the road

Putting risk in perspective

Trust in women and birth and remember it is about them and not us

A culture of life?

"You can't have a culture of life if you don't value the women who *give* that life." (Jennifer Block)