

## UNDERSTANDING THE RISKS IN HOMEBIRTH

Birth is a normal process of the body. There are three components for safety; well being of mother, of the baby, and progress of labor. They are all interdependent.

One can tell if labor is beginning normally: one baby, head down, good position in the pelvis, and healthy signs in both the mother and the baby. Body processes have stages or steps, following a course of interactions and events to achieve a goal or function. If a problem begins to develop, some part of the process would reveal this, in the progress of labor or the baby's heartbeat, for example.

Like other body processes, labor does not have to follow strict, invariable steps. There is leeway for variation, a range of normal, just as the number of breaths taken per minute can vary within certain limits, yet the body's need for oxygen is met.

In most cases, problems also have their range. They develop over time and can be detected before they reach their limit. Lack of progress, for instance, can occur for some time before a well-nourished mother or baby would be adversely affected. This allows for transfer time to the hospital, if extra assistance is needed.

Very rarely is there an immediate kind of problem. A baby who tolerates early labor usually has no difficulty with active labor. The heartbeat can be monitored throughout. Difficulty for the baby is evidenced by heartbeat patterns and rates that deviate from normal ranges. This develops over time and can usually be detected before limits are exceeded.

The unexpected may occur during delivery, when the baby is traveling out and its oxygen supply may be interfered with. At this point, though, delivery can be hastened and resuscitation can be provided, to increase the baby's oxygen fast. Well-nourished babies have special resources, which allow them to tolerate low oxygen levels for some time before danger of damage, especially if they are not compromised by drugs.

With the mother, the unexpected may be hemorrhage. Again, there are ways to work with this to encourage uterine contractions, which will help to stop the bleeding. It is important to note that the mother has resources to sustain her, such as an expanded blood volume, approximately 60% greater than the non-pregnant woman.

Emergency care can usually be provided in the home to resolve these problems or maintain the client during transfer to the hospital. The rare risk of loss in birth, as in life in general, cannot be completely controlled or eliminated.

Unexpected emergencies are more likely to occur if the process of labor is interfered with, stressing the resources, creating too extreme a situation for the baby to cope with, disrupting the balance of the body, or too quickly exceeding the limits. An example is when a baby goes into distress due to the snow ball effect of obstetrical interventions: fetal monitors/I.V. use leads to immobilization which can lead to stress which can lead to lack of progress which leads to oxytocin which leads to pain which leads to medication which can lead to distress.

Midwives are present during your labor and make observations with continuity, so they can detect problems at subtle levels or early in their development. Hospital staffs, with their intermittent observation, shift changes, and use of medical intervention, have more of an impression that the unexpected in labor can occur suddenly, and that emergencies are to be feared.