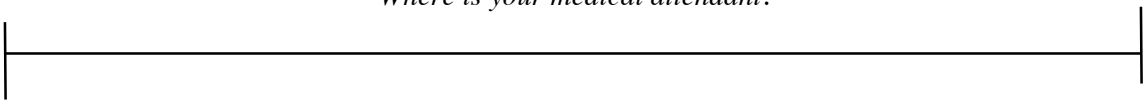
Models of Childbirth

by Amy L. Gilliland, Ph.D., BDT(DONA), CD(DONA)

Medical Model or Technocratic Model of Childbirth	Woman-Centered Model or Holistic Model of Childbirth
The Body is a Machine. The Body works mechanically with a rhythm similar to other bodies. The same time frame can be applied to all bodies.	The Body represents a woman's whole self-her emotional, mental, spiritual and physical selves all work together in perfect coordination to their own individual rhythm. While it may be similar to other women's bodies, all women are individuals.
Birth is inherently dangerous. Many things can go wrong. Woman must often be rescued from the actions of her dysfunctioning body. Surgeon/doctor serves as hero/rescuer.	Birth is a normal function of the female body. The birthing process reflects its owner's pattern of health and living. Birth attendants ease the process through compassion and respectful, healing skills.
Tools are lab tests, results, comparison charts and objective criteria. Intuition and woman's knowledge of self/body are disregarded as unreliable and erratic.	Objective criteria and woman' intuitive knowledge and feelings are both valid in decision making.
Attendant cannot cope well with variations from statistical norm.	Variations in the birth process are expected. They require observation, evaluation, and perhaps discussion.
Attendant's desire is to "fix" things. By getting involved, s/he asserts power at the birth. After all. if the machine is not working to the normal guidelines set by other machines of this model, it must need assistance (intervention).	Attendant's desire is to observe, offer support and suggestions when appropriate. Active participation is defined as charting observational information, and using medical skills only when absolutely necessary. Assessment of emotional states and issues is also important.
Baby is viewed as an additional patient needing medical skills to begin the life process. Medical caregivers often rescue the infant from injury or death. Baby is often treated as if five senses were not developed.	Baby is respected a whole human being with all five (six) senses intact. S/he is able to begin life on its own with minimal assistance most of the time.
The medical model does not trust the process of birth or women's bodies.	The woman-centered model trusts women and birth absolutely.

Both models are presented as extremes. This line illustrates the range between the two. Your viewpoint and that of your partner and medical attendant may all fall in different places on this line.
The key questions to ask are:

Where are you on this continuum?
Where is your medical attendant?



The larger the space between your viewpoints, the greater the potential for conflict during labor and birth.

Davis-Floyd, Robbie (1994) Birth as an American rite of passage. Berkeley: University of California Press.
Weed, Susan (1989) Healing wise (Wise woman series). Ash Tree Publications.

Models of Childbirth

by Amy L. Gilliland, Ph.D., BDT(DONA), CD(DONA)

How to use "Models of Childbirth" with Clients and in Doula Workshops

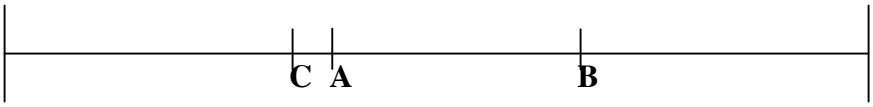
1. Explain that both models are presented in an extreme form and that neither is an ideal. Both practitioners and parents will fall somewhere along the midpoints of the line.

2. In doula workshops, have participants read aloud several of the points of each model, alternating between models. In client appointments, give them time to read over it. If you don't want to read it all, choose the points that you want to emphasize.

3. In a group, draw the continuum line on your pad or board.

Main Point:

It does not matter where on the line the mother and her family are, or where the physician or midwife is. What matters is the space BETWEEN their two places on the line.



If a mother would place herself at line "A", and place her care provider at line "B", all the space between "A" and "B" is the potential for conflict at the birth. (Scribble in this space.) This graphically outlines the possibility that the mother may be dissatisfied with the care provider's decisions and recommendations at her birth.

If the mother is at line "A" but her care provider is at line "C", there is only a very small potential that the mother will be unhappy with her care.

The important thing for clients is to assess where they are and where their care provider is on the continuum. This will help them to feel more satisfied with the care they received after the baby is born.

Additional Points:

Often times when the gap between care provider and parent is wide, the parents will hire a doula to fill the gap. The doula is expected to make up for the differences in philosophical approaches. In this situation, usually the mother is more holistic and woman centered in her desires than the care provider.

It is important for the doula to realize that this is a huge burden, and that it is not her purpose to push the care provider out of his/her comfort zone in birth practices. The doula can encourage open dialogue prenatally between patient and provider through asking questions and a birth plan. She can remind mothers and their family members to speak up about their wishes at the birth. If things are going well, she may be able to nudge a care provider slightly (i.e. to not break down the bed or deliver in side-lying rather than the semi-sitting position). She must explain to the client what may be realistically possible with this care provider and facility while emphasizing the other advantages of a doula supported birth.

Davis-Floyd, Robbie (1994) Birth as an American rite of passage. Berkeley: University of California Press.
Weed, Susan (1989) Healing wise (Wise woman series). Ash Tree Publications.