There are various approaches to childbirth, apart from the typical approach of vaginal delivery (e.g., typically done in a hospital). Another approach is a cesarean, which can be classified as either an emergency or planned procedure. In the case where an emergency cesarean is needed, a vaginal birth would have been detrimental to the health of the mother and/or the fetus. A planned cesarean is requested ahead of time due to medical indication or requested by the mother. When requested by the mother, the delivery is considered an elective surgical procedure, since it was requested without any medical or obstetrical indication. Cesareans by maternal request have become more common recently around the globe. Some reasons for this increase can be because of cultural factors, the changing attitudes of mothers and clinicians, fear of giving birth (i.e., tocophobia), or for convenience of scheduling.

Since a cesarean is a surgical procedure, it is associated with certain risks that can affect the health of the mother, the infant, and future pregnancies. The World Health Organization reported in 2015 that there was no evidence to support that cesareans benefitted mothers, or their infants, who were not in need of the procedure. However, mothers still request the procedure as it has become more modern and common. Some mothers state that there were societal reasons to request a cesarean, like their own mother had a bad experience with a vaginal delivery, the view that a cesarean is guaranteed safe, or that it has been popularized by the media. Some women consider a cesarean as forward progress towards women’s reproductive rights; giving them autonomy over what happens to their body during the birthing process. And there is tocophobia, stemming from fear of pain, unpredictability, and loss of dignity associated with a vaginal birth.
Another approach to childbirth is at home birth; which has seen a small but noticeable increase. The limited research on this topic suggests that the women who choose this method seem to be predominantly white (non-Hispanic). The research also suggests that women choose this option because they are more comfortable at home around their own surroundings, may feel safer, or may want to distance themselves from unnecessary medical intervention. The research also suggested that these women also feel that the hospital is a constricting and restrictive place, that seems a little cold, disrespectful to the mother’s wishes, and not very calming or comforting. The women were also comforted by the fact that the midwives who assisted them with the prenatal care would also be present during the delivery. That being said, out-of-hospital births have increased rates of perinatal deaths, perinatal seizures, and maternal blood transfusions, as well as increased instances of unassisted vaginal births and lower rates of obstetrical interventions (i.e., induced labor and cesarean delivery).

A water immersion birth (i.e., water birth), is when the mother is immersed in warm water during labor and birth. It is believed that immersion in water during the first stage of labor may be associated with decreased pain or use of anesthesia, and decreased duration of labor. Also that the warm water may help the mother to feel calm, nurtured, protected, and in control. There are a few hospitals that offer water births as an option, as well as some maternity care facilities with the assistance of a midwife. However, some professionals are concerned over the safety of this method of delivery. Pediatricians are concerned that a water birth has the potential risk of aspiration, hypothermia, and infection to the baby. While there are concerns for the safety of water births, and it is ridiculed by some, it has grown in popularity and assists in offering a more natural birthing process that is easy for both mothers and babies.
There is a minority of women who choose a method called freebirthing, which is birthing without the assistance of a midwife, doctor, or other licensed healthcare professional; this can also be called unassisted birthing. This is different from a women having restricted or no access to maternal care due to lack of funds or circumstances, in freebirthing the woman has willingly and actively chosen not to utilize the services available to them. There is not a lot research available on this approach due to its covert nature. However, the risks can be presumed due to the similarity of freebirthing to women unintentionally giving birth before healthcare professionals have a chance to arrive. These risks include increased morbidity of the mother by complications such as excessive blood loss, or increased morbidity of the baby to possibly failing to retain body temperature. Some women may choose this approach to birthing because of their faith in the autonomy and ability of their own bodies to engage in the birthing process safely.

References

