Cultural Consensus Models and Birth Practitioner Choice: A Report Prepared for Jennie Joseph and The Birth Place

Erica Gibson, PhD

This report consists of an explanation of a subset of data published in the article “Women, Birth Practitioners, and Models of Pregnancy and Birth” in the journal Healthcare for Women International. Jennie Joseph was one of the practitioners interviewed for this study, along with 32 of the women who are her clients. These interviews contributed to the final analyses used in this article.

Women in the United States usually give birth in the hospital, but some choose to give birth with midwives in a birth center or the home. These women may have differing views about pregnancy and birth than women who choose to give birth in a hospital. Specifically, women who give birth in a birth center or home believe that birth is a natural rather than a medical event. This study sought to examine women’s models of pregnancy, and how those compared to the specific practitioner the women chose for their birth. The women and their practitioners were asked to agree or disagree with a series of 22 questions to determine if their beliefs matched up, and if so to what degree (see Table 1). The number of questions the woman and their practitioner answered the same became their match score out of 22 possible. The closer the women were to 22, the more agreement they shared with their practitioner.

The women in Jennie’s clinic fell into two groups: those who actively chose the midwifery model of care, believing that birth is natural, and those women who needed to get into prenatal care quickly, and who were covered or

trying to get coverage through Medicaid. This second group of women would likely have received care at a local health department had Jennie and her staff been unavailable. Most were unfamiliar with the midwifery model of care when entering prenatal care at The Birth Place, and preferred to give birth in the hospital. These women will be referred to as the Medicaid Access Midwifery Clients (MAMC) from here on out.

The women choosing a midwife had a higher match score with Jennie than the MAMC, as expected because they chose to see a midwife, therefore they should believe in the same model of pregnancy and birth as the midwife. The MAMC had a score in between women choosing midwives and women choosing a doctor. This makes sense because they were most likely shifting towards the beliefs of the midwife during their pregnancy because the interviews were done during the third trimester. There were several ways in which the models were illustrated through the experiences reported by the women during the postpartum interviews. An example was the Medicaid access midwifery clients who ended up actively choosing the midwifery model for their birth. Jennie reported that she and her staff are able to convince approximately one-third of the MAMC to deliver at the birth center rather than the hospital, and indeed eight of the 24 MAMC eventually chose to deliver at the birth center with the midwife. Several of the MAMC declared in the postpartum interviews, that although they had given birth in the hospital, if they got pregnant again they would prefer to give birth with Jennie in the Birth Place.

Overall, when the women's model matched their practitioner, they had better experiences with birth. As the model can be adapted to fit different systems of birth, practitioners may be able to adapt the model to the needs of their clients, providing women with better birth outcomes around the world. The importance of this study is that it shows how groups who do not know their options about or have a limited choice of birth practitioners (e.g. Medicaid recipients and minority women) responded to care from Certified Professional Midwives even though they had little prior exposure and would most likely have chosen to give birth in the hospital because they thought it was their only option. Jennie Joseph and the staff of The Birth Place give all women this option and they are changing outcomes, and providing women with positive pregnancy and birth experiences.

Table 1: Consensus Interview Schedule

	Agree-disagree
A pregnant woman should not have to be in pain during her labor.	
Labor is risky for the woman.	
Labor is risky for the baby.	
I believe that the mind is separate from the body.	
The practitioner should have a close relationship with the patient.	
Women should listen to their bodies.	
An ideal birth is one that is natural, without medical intervention.	
The doctor/midwife should worry more about the baby than the mother.	
The progress of labor should be highly structured.	
A mother should experience labor and delivery without pain medication.	
I believe that following the doctor/midwife's advice is important.	
I believe that a woman's intuition is useful during pregnancy and labor.	
I believe that IV's are necessary for women in labor.	
I believe that electronic fetal monitoring is necessary during labor.	
I believe that episiotomies may be necessary.	
I believe that if labor is slow, drugs such as pitocin may be needed to speed up the progress of labor.	
I believe the best position for labor is to have a woman flat on her back.	
Birth should occur within 26 hours of the onset of labor.	
I believe the mother and unborn child are an inseparable whole before the child is born.	
The practitioner should trust the patient.	
The patient should trust the practitioner.	
Birth is best managed by technology.	