

A CONSUMER VIEWPOINT

Humanizing Birth: A Global Grassroots Movement

Henci Goer

ABSTRACT: *A survey of a convenience sample of 24 grassroots birth activist groups based in several countries revealed remarkable similarities despite differences in culture and maternity care systems. With few exceptions, they began with a few individuals, generally women, who were dissatisfied or angry with an obstetric management system that failed to provide safe, effective, humane maternity care, that suppressed alternative models of care and nonconforming practitioners, or both. Responses indicated that organizational structures tend to fall into a limited number of categories, and strategies intended to accomplish reform overlap considerably. All groups have experienced difficulties resulting from the hegemony of conventional obstetric management and active opposition of practitioners within that model. Most groups are volunteer based, and all struggle under the handicap of limited resources compared with the forces arrayed against them and the scope of what they hope to accomplish. (BIRTH 31:4 December 2004)*

*Don't wait for the light to appear at the end of the tunnel...
Stride down there and light the bloody thing yourself.*

Sara Henderson, Australia

This commentary arose from a casual conversation with Diony Young, Editor of *Birth*, at the media debut on April 14, 2004, of the booklet, *What Every Pregnant Woman Needs to Know About Cesarean Section*, published by the Maternity Center Association in New York. Through my association with the Coalition for Improving Maternity Services (CIMS) and other activities, I had become aware that all over the world there were grassroots birth-activist groups similar to each other. Also, despite the large differences in culture and maternity care systems and delivery among groups, their purposes, participants,

strategies, and activities, and the obstacles to their progress were remarkably similar. This commonality pointed to both the importance of the grassroots birth-activist movement and the pervasiveness of the serious problems they sought to redress. An invitation to write about grassroots organizations ensued, and two others who were present agreed to help: Debra Pascali-Bonaro, who works with DONA International (formerly Doulas of North America), CIMS, and Lamaze International, and Tonya Jamois, president of the International Cesarean Awareness Network (ICAN), a venerable United States organization with global outreach.

I devised a brief questionnaire, which we e-mailed to various individuals and groups, some of whom passed it on to other organizations. In addition to requesting contact information, we asked the questions that form the subheadings of this article. We used a purely convenience sample and did not perform a systematic or comprehensive survey. We received responses from 24 organizations in North America, South America, Europe, Africa, and Australia. We know of many additional organizations that fitted the description of birth activist groups

Henci Goer is a birth activist, author, and independent scholar specializing in evidence-based maternity care.

Address correspondence to Henci Goer, 970 Buckeye Court, Sunnyvale, CA 94086, United States, or goersitemail@aol.com.

Table 1. Contact Information for Grassroots Organizations

<i>Country/Name</i>	<i>Web Site/E-mail</i>	<i>Telephone/Fax</i>	<i>Address</i>
Australia Birthrites: Healing After Caesarean Inc.	www.birthrites.org	Tel: (08) 9331 5681	13 Doust Street Hilton, W. Australia, 6163 Australia
Australia Maternity Coalition of Australia		Tel: (61) 2 65482248	P.O. Box 1190 Blackburn, North Victoria 3130, Australia
Brazil Rede pela Humanização do Parto e Nascimento (ReHuNa)	rhjones@bol.com.br	Tel: (11) 3032 62 Fax: same	Rua Cardenal Arcoverde, 1749-B cj. 78-B 05407-002 São Paulo – SP Brazil
Canada Global Birth Institute (GBI)	www.globalbirth.org	Tel: (250) 885-6019	Suite 156-901 Gordon Street Victoria, BC V8W 3Z6 Canada
Canada Movement pour l'Autonomie dans la Maternité et pour l'Accouchement Naturel (MAMAN)	www.groupemaman.org info@groupemaman.org	Tel: (514) 738-4145 Fax: same	4985 Dornal Montréal (Quebec) H3W 1W1 Canada
Central America, South America, Caribbean Red Latinoamericana y del Caribe para la Humanización del Parto y el Nacimiento (RELACAHUPAN)	www.relacahupan.org Central America: mesoamerica@relacahupan.org South America: delSUR@relacahupan.org Caribbean: caribe@relacahupan.org	Central America: Costa Rica Tel: (506) 282 2359 Fax: 203 3478	
France Alliance Francophone pour l'Accouchement Respecté (AFAR)	www.afar.info	Tel: 00 33 5 53 89 59 37 (French) Tel: 00 33 4 42 95 36 39 (English)	2, moulin du Pas 47800 Roumagne France
France Collectif Interassociatif Autour de la Naissance (CIANE)	www.fraternet.org/naissance/CIANE	Tel: 00 33 5 46 09 33 11 (French) Tel: 00 33 4 42 95 36 29 (English)	Blandine Poitel 1 rue du Dr. Calmette 17000 La Rochelle France
Hungary Hungarian Association of Midwives	www.midwives.hu/	Tel: (915)351-3953 (Hungarian)	Riminyáki u. 6. Érd H-2030 Hungary
Israel Labor Assistants of Jerusalem (TALI)	engce@netvision.net.il	Tel: 9 722 656 1837	122/8 Astora Street Jerusalem 97451 Israel
Mexico Plentitud; embarazo, parto y lactancia		Tel: 523 33 656 8222	San Joge 55 Colonia Seattle Guadalajara, Jalisco CP 45170, Mexico

The Netherlands European Network for Childbirth Associations (ENCA the Netherlands)	<i>theavantuy@hotmail.com</i>	Tel: 0031 55 3557522	Secretary ENCA the Netherlands: Jachthoornlaan 4 7312 CE Apeldoorn, The Netherlands
Poland Fundacja Rodzic po Ludzku (Birth in a Dignified Way Foundation)	<i>www.rodzicpoludzku.pl</i> <i>fundacja@rodzicpoludzku.pl</i>	Tel: (48 22) 887 78 76	Nowolipie 13/15; 00-150 Warsaw Poland
South Africa Better Births Initiative	<i>www.liv.ac.uk/lstm/ehcap/</i> <i>BBI/bbmainpage.htm</i>	Tel: + 27 (0) 43 709-2493 Fax: same	Justus Hofmeyr, MD Effective Care Research Unit Frere Maternity Hospital Private Bag X9047 East London 5200, South Africa
United Kingdom Association for Improvements in Maternity Services (AIMS)	<i>www.aims.org.uk</i> <i>Chair@aims.org.uk</i>	Tel: 0870-765-1433	5 Ann's Court, Grove Road Surbiton, Surrey KT6 4BE, UK
Uruguay Latin American Center for Perinatology – CLAP-PAHO/WHO	<i>www.clap.ops-omg.org</i> <i>postmaster@clap.ops-oms.org</i>	Tel: + 598 (2) 487-2929 Fax: + 598 (2) 487-2593	Hospital de Clinicas Piso 16 AV. Italia S/N (11600) Montevideo, Uruguay
Uruguay Fundación Álvarez-Caldeyro Barcia	<i>www.internet.com.uy/fundalca</i> <i>fundalca@internet.com.uy</i>		
United States birthNETWORK	<i>www.birtnetwork.org</i>	Tel: (888) 45-BIRTH	P.O. Box 2370 Birmingham, MI 48012, USA
United States Citizens for Midwifery	<i>www.cfmidwifery.org</i> <i>info@cfmidwifery.org</i>	Tel: (888) 236-4880 Tel: (706) 543-7023	P.O. Box 82227 Athens, GA 30608-2227, USA
United States Coalition for Improving Maternity Services (CIMS)	<i>www.motherfriendly.org</i>	Tel: (888) 282-CIMS	P.O. Box 2346 Ponte Verde Beach, FL 32004, USA
United States DONA International	<i>www.dona.org</i> <i>Doula@DONA.org</i>	Tel: (888) 788-DONA Fax: (812) 634-1491	P.O. Box 626 Jasper, IN 47547, USA
United States International Cesarean Awareness Network (ICAN)	<i>www.ican-online.org</i> <i>info@ican-online.org</i>	Tel: (800) 686-ICAN Tel: (310) 542-6400	1304 Kingsdale Avenue Redondo Beach, CA 90278, USA
United States Maternity Center Association	<i>www.maternitywise.org</i> <i>info@maternitywise.org</i>	Tel: (212) 777-5000	281 Park Avenue South New York, NY 10010, USA
United States Pacific Association for Labor Support (PALS)	<i>www.pals-doulaas.org</i>	Tel: (206) 329-PALS	2524 16th Avenue S. Seattle, WA 98144, USA

but are not included here, and undoubtedly there are dozens more of which we are not aware. We apologize to those who think (rightly) that they should have been included. Nonetheless, this compare-and-contrast piece provides a tantalizing first glimpse of a global movement whose component groups have much in common and which could benefit from taking advantage of that fact.

When Was the Organization Formed?

Foundation dates varied from 1918 (Maternity Center Association) to 2003 (Alliance Francophone pour l'Accouchement Respecté [AFAR] and Collectif Inter-associatif Autour de la Naissance [CIANE]). Only 5 of the 24 (1918 Maternity Center Association, 1960 Association for Improvements in Maternity Services [AIMS], 1970 Latin American Center for Perinatology [CLAP], 1982 International Cesarean Awareness Network [ICAN], 1989 Pacific Association for Labor Support [PALS]), however, antedated 1990, and 13 were formed in 1995 or later. This feature may be because grassroots groups come and go, and earlier ones are now defunct, but the renaissance of the last 10 years almost certainly reflects the rise of the Internet.

The Internet makes recruitment and communications within and between organizations much easier. As several responding groups made clear, it has also been instrumental in helping them get out their message. One coalition (Red Latinoamericana y del Caribe para la Humanización del Parto y el Nacimiento [RELACAHUPAN]) that bridges Central and South America and the Caribbean explicitly listed the lack of computers and Internet access as an obstacle to progress.

Who Started the Organization?

With two exceptions, groups were started by a few concerned individuals, all or most of whom were women. Organizations were generally composed of mothers and other interested nonmedical professionals, or were alliances among such people and progressive midwives and physicians. The exceptions are the Better Births Initiative and CLAP, both of which were founded by physicians developing demonstration projects 30 years apart in two different countries (CLAP in Uruguay in 1970 and the Better Births Initiative in South Africa in 1999).

Organizational structures tended to fall into one of several categories:

- Coalitions or umbrella organizations: CIMS, CIANE, and RELACAHUPAN exemplify these. ENCA the Netherlands is a local chapter of European Network for Childbirth Associations

(ENCA), a pan-European coalition of educators. Birth NETWORKS provides a central resource and guidance for local groups promoting Mother-Friendly care, which is a CIMS concept.

- Woman-to-woman groups: These organizations provide peer support and education, and represent users of maternity services and their issues in media and lobbying efforts. They include AIMS, Birthrites, ICAN, and Movement pour l'Autonomie dans la Maternité et pour l'Accouchement Naturel (MAMAN).
- Alliances among birth activists of all types: Categories include women, parents, writers, lawyers, psychologists, childbirth educators, doulas, midwives, and doctors. Alliance organizations include CIMS, which has both participating individuals and organizations, Maternity Coalition of Australia, RELACAHUPAN, Rede pela Humanização do Parto e Nascimento (ReHuNa), AFAR, and Birth in a Dignified Way.
- Professional organizations for practitioners of humanistic care: The Hungarian Association of Midwives, the Global Birth Institute, PALS, DONA International, and Labor Assistants of Jerusalem (TALI) fall under this heading. PALS, DONA International, and TALI illustrate another recurring pattern—that of peer support and education groups developing into a profession. The formal structuring of labor assistance recapitulates the development and proliferation of childbirth education in the 1960s and beyond, and that of direct-entry midwifery in the United States in the 1980s and 1990s.
- Services delivering maternity care: These include CLAP, the Better Births Initiative, Plentitud; embarazo, parto y lactancia, and the Fundación Álvarez-Caldeyro Barcia. Maternity Center Association provided maternity services until 1996.

Citizens for Midwifery and Maternity Center Association (in its current incarnation) do not fit neatly into these categories. Both, however, promote models of care: midwifery care in the case of the former and evidence-based care in the case of the latter.

What Brought The Group Together? What Were the Problem Issues? Was There a Specific Event, and If So, What Was It?

Most groups came together to redress the failure of conventional obstetric management to provide safe, effective, humane care; the failure of government and medical professionals to meet the needs of low-income women; or both. Organizations falling into

this category include AIMS, CIMS, CLAP, ICAN, Maternity Center Association, RELACAHUPAN, ReHuNa, CIANE, Birth in a Dignified Way, the Better Births Initiative, and the Fundación Alvarez-Caldeyro Barcia.

Some questionnaire respondents used stronger language, describing their mission as wanting to end the inhumane treatment of childbearing women. Two (ICAN and ReHuNa) used the word “outrage” to describe their motivation. Four cited either personal experience of, or observation of, abusive treatment. Two organizations started with a terrible personal birth experience of a key person. One was Esther Zorn, founder of what is now ICAN, and the other was an editor at a major Polish newspaper, whose efforts resulted in Birth in a Dignified Way. Two other groups began with published exposés of abusive treatment that generated an outpouring of confirming responses from women (AIMS and Birth in a Dignified Way). Interestingly, the same pattern occurred in the United States when a labor and delivery nurse wrote a letter to *Ladies Home Journal* in 1958, describing the mistreatment of laboring women in her hospital (1,2). The responses inundated the magazine and ignited that country’s childbirth education and natural childbirth movement of the 1960s.

Several organizations arose to respond to the conventional maternity system’s failure to provide access to, or to the active suppression of, access to alternatives. ICAN and Birthrites focused on vaginal birth after cesarean (VBAC) and Citizens for Midwifery on midwifery care. The Hungarian Association of Midwives and MAMAN championed the right to birth outside the hospital. The persecution of nonconforming birth practitioners who gave humanistic care initially motivated two other groups (Citizens for Midwifery and the Hungarian Association of Midwives).

Still other groups arose to represent the interests of the public and of humanistic practitioners in policy discussions. The Maternity Coalition of Australia organized for this purpose when the government of Victoria announced a major review of birthing services. CIANE did the same after French obstetrician-gynecologists published an alarming report on the state of maternity care in France, and convened a conference to discuss what should be done but invited neither midwives nor users of maternity services.

Finally, some groups arose to increase educational standards, offer peer support, set up referral systems, or to create some combination of these for nonmedical providers, such as labor and postpartum doulas, childbirth educators, or lactation consultants. These groups include PALS, DONA International, the Global Birth Institute, and TALI.

What Was the Organization’s Purpose or Goal? Has the Organization’s Purpose or Goal Changed Over Time, and If So, How?

Organizations listed the following as goals, with most listing more than one (number of organizations in parentheses):

- (14) Raise awareness of the issues/education
- (13) Increase access to options/promote freedom of choice
- (7) Engage in political action/advocacy
- (7) Offer peer support and professional education or training
- (6) Provide an umbrella for collaboration and networking
- (5) Support and defend humanistic birth practitioners
- (5) Deliver humanistic, evidence-based care
- (2) Promote breastfeeding
- (2) Carry out research
- (1) Develop a consensus statement

Several groups evolved over time by expanding their scope or size. ICAN originally provided a forum for peer support for couples with concerns about birth. Although that element remains, it now also focuses on improving maternal-child health by preventing unnecessary cesareans through education and by promoting VBAC. Citizens for Midwifery began by supporting home birth midwives, progressed to supporting midwives in general, and then shifted to supporting the Midwives Model of Care regardless of what kind of practitioner delivers it. The Global Birth Institute intended to offer a certification program but has now organized a formal, academic college. Maternity Center Association moved from providing direct care locally to promoting a model of care nationally. The Maternity Coalition of Australia began as a regional network and became a national organization. As interested individuals and organizations outside the United States sought liaisons, CIMS and ICAN evolved from national to international organizations. Likewise, DONA International grew from a North American organization to a global one. At least two organizations (DONA International and Maternity Center Association) that began with all-volunteer personnel now have paid staff.

By contrast, TALI experienced a decline in participation, and ICAN had ups and downs historically. ICAN burgeoned in the 1980s as public demand for VBAC grew, but when VBAC became widely available, the group almost disappeared. When the American College of Obstetricians and Gynecologists began discouraging VBAC in the late 1990s, and

obstetricians and hospitals responded by banning it, ICAN revived and is once more going strong.

What Were the Organization's Original Activities or Strategies? Have These Changed Over Time, and If So, How?

As one would expect, given their purposes, organizations have developed activities over time, including the following:

- Set up local groups or chapters or coordinated their work
- Established liaisons with other organizations
- Disseminated written materials
- Held classes, conferences, and teaching/training sessions
- Set up informational websites
- Translated books
- Published newsletters
- Attended, exhibited at, or spoken at conferences of other organizations
- Provided doula care
- Set up referral systems
- Identified humanistic practitioners or birth sites
- Conducted research
- Lobbied politically or acted as advocates at policy meetings
- Provided legal assistance
- Set up a hotline
- Implemented a model of care
- Supported humanistic practitioners
- Defended nonconforming practitioners and women's civil rights
- Provided humanistic, evidence-based care

Of particular note is that three organizations believed it necessary to offer legal action or assistance. AFAR always included it as a strategy. ReHuNa is in the process of developing a system to defend doctors and midwives who come under attack for challenging inadequate, inhumane, and nonscientific practices. AIMS launched a Maternity Defense Fund to sue doctors who force treatment on unwilling women for assault. The need to resort to the courts indicates the strength and intransigence of some forces opposed to reform.

What Were the Obstacles To Achieving the Organization's Purpose or Goals?

Organizations listed many obstacles to progress. Nearly all, however, fell into one of two categories: the hegemony of obstetric management and lack of money. Insufficient funds came up most frequently,

but every organization, either explicitly or implicitly, mentioned one or the other and usually both.

Problems that groups listed that were caused by the entrenched power of obstetricians included that they resisted the introduction of evidence-based, humanistic care; controlled policies; controlled the flow of information; had credibility with institutions, government agencies, and the public; monopolized funding, and persecuted or threatened nonconforming professionals. As an example of the indirect effects of the obstetric hegemony, several organizations listed "public apathy" as an obstacle, but this can be attributed to obstetricians having credibility and controlling the flow of information.

Even The Netherlands, long a bastion of humanistic care, is at risk. The respondent wrote that midwives want to work in hospitals or birth centers so that they can have schedules. This has resulted in loss of the option of home birth in some areas. More ominously she wrote:

Lots of women get the feeling that they are safer in hospital, and they want to have epidurals or sections. The American way is coming over to Holland. We are very worried about that and we want to stop this course.

Most organizations mentioned needing more money, including Maternity Center Association and the Better Births Initiative, which are relatively well funded compared with the usual grassroots group. Some of this concern undoubtedly reflects that more money would enable greater accomplishments, but it also relates to the obstetric hegemony. Government agencies, grant foundations, and donors tend not to fund birth activist groups because the decision makers cannot be convinced that there is a problem.

Several organizations listed the difficulties of depending on a mostly or all-volunteer workforce, chief among them how hard this structure makes it to get things done. As the AFAR representative phrased it:

Another obstacle has been that the duration of days dumbly remained close to 24 hours during the past year, thereby putting a limit to the amount of work that could be invested for the promotion of better birth choices.

Again, however, lack of womanpower comes back to insufficient funds.

Other obstacles included the following:

- Differences in philosophy of coalition members require taking great care in what is said and done in the name of the coalition, which slows its work.
- Groups representing the interests of the public or humanistic practitioners in policy discussions must balance the need for compromise against the risk of cooptation.

- Organizations attempting to reach pregnant women have an ever-changing audience.
- Organizations offering support to doulas or midwives experience lack of interest from their beneficiaries.
- The conservative, religious right views the group as feminist and therefore pro-choice concerning abortion, whereas the liberal, feminist left sees the group as unworthy of attention because it is *not* about the right to choose abortion.

What Goals, If Any, Has the Organization Achieved?

Although an astonishing amount has been accomplished by groups despite limited resources and powerful medical and cultural forces arrayed against them, the grassroots movement has had little overall impact. Even the United Kingdom, which has perhaps the most respected and influential birth activist groups, has a cesarean delivery rate exceeding 20 percent, is battling the promotion of elective cesarean section, and, according to the AIMS' representative, only 1 in 6 primiparous women and 1 in 3 multiparous women have normal births according to AIMS criteria.

Conclusions

It is disheartening that so many have worked so hard for so long in so many places to so little effect for what should be a noncontroversial issue: maternal-child health. After all, these groups are trying to change practices and policies that evidence shows can injure and even kill mothers and babies. They are trying to stop widespread treatment and behaviors that trample on women's medical, civil, and human rights, and that often amount to emotional, physical, and sexual abuse of women. In addition, implementing reform would save billions in health care costs annually. Still, as survey participants com-

mented, this is not cause for despair. The respondent for Birthrites writes:

There have been times when we have struggled, times when we have lost our way ... but we always seem to pick ourselves up, wipe ourselves down and get on with it. Reminding ourselves of our initial goals ... always seems to provide us with renewed impetus to continue.

The blossoming and growth of each organization add to the critical mass that may one day bring about real change on a worldwide basis. We hope that by giving some idea of the size, strength, and universality of the grassroots birth-activist movement, this commentary will contribute by validating the work of its participants and encouraging further networking, collaboration, and cross-fertilization.

Acknowledgments

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