

Birth Models that work

Reading birth models that work was truly a pleasure. As I flipped through pages I enjoyed traveling the world with the author, each page filled my mind with endless possibilities. It occurs to me that birth can happen in ways I had not yet considered from my western centric point of view.

From the balmy days in the Mexico Birth Center we are engulfed in the experience of a intimate familial connection. As older children snuggle up in bed with mom and the new baby. Or as we travel to chapter 9 we experience the incredible power in “humanizing birth” moments created by providers not only listening but *hearing* birthing people in a unique empowering way in Brazil. Exploring birth models that really work is eye opening and inspiring. The diversity in how the physiological birth is experienced rings new notes in my mind.

As I begin my own midwifery career the importance of focusing on birth models that work and in contrast birth models that “don’t work” is an important consideration that hangs in the balance. I am entrusted with the journey of each birthing person. I take this honor very seriously and oblige myself to understand the different models that may serve them.

I’d like to take the opportunity as I write this paper to travel to the pages of England, where in so many ways my own heart is—in chapter 6, and dive into the beauty of “small”. My husband’s family is from the UK with most of his cousins still living in the beautiful country sides. “Birth centers have evolved in many developed countries as an important alternative model to hospital-based, obstetrical-led care.” -159 Out of hospital birth center care is not something that is new, but it is a model that is quickly gaining popularity for many reasons, A study out of New

York showed “how most women who had previous negative experience with hospital birth internalized the active birth values of the birth center and went to have an empowering birth experiences there.” -pg 160

In the Litchfeild Maternity Unit, a freestanding birth center in the United Kingdom, the inner workings are revealed. Diving in deep to how the staff approaches the concept of birth to the nuances of this unique birth model. This small birth center with a mere 2 birth rooms, 5 post natal rooms catering the only 300 women a year, takes us leaps and bounds away from the technocratic model of care, and deep into the intricacy of the midwifery model of care one patient of the birth center reports” this Midwifery-led care is centered in comfort, connection and protecting the sanctity of birth. This little birth center is far away from the hustle and bustle of busy hospitals rushing people to and fro, from room to room. There we find a “more holistic understanding of physiological birth” -pg 183 and birth is viewed as a process, “labor norms are not perceived as deviants the lens of the process is removed...Different women have different labors. Each labor is unique.”-167

Midwifery Led Maternity Unit at Samuel Johnson Community Hospital also known as the Lichfield Maternity Unit is currently was still welcoming clients, however due to the recent pandemic they have had to close their doors temporarily, but they do plan to open again soon.