

## features

## Midwifery

# Homebirths becoming more popular

By Sarah West

Sally Cook wanted to have her baby at home. Historically, this was not an unusual decision. Until the last 30 years or so, most births took place at home. Consequently, Cook was astonished when she encountered substantial opposition to her wishes.

"I had never really thought about it until I got pregnant," Cook says. "And then I never assumed that I would have the baby in the hospital. I didn't realize it was taboo to have it at home."

When Cook's doctor became aware of her plans to have her child at home, she refused to have Cook as a patient, denying her prenatal care. Cook finally was able to find a doctor who would attend her at home.

After Cook had her daughter, Sarah, her interest in obstetrics and the issue of homebirths never died. This continued interest led to her involvement in a related issue—promoting the practice of midwifery.

Midwifery is the art or act of assisting at childbirth, and a midwife is someone who assists other women in childbirth. Although the practice of midwifery is not as prevalent as it once was, Cook

says that there is both a need and a desire for more midwives.

When Cook moved to North Carolina from her native New Jersey, she joined the Carolina Association for the Advancement of Midwifery.

"Elizabeth Weil and I got it going, and because of my interest, I started on the road to being a midwife," Cook says.

Cook currently is taking a course under the auspices of the Association for Childbirth at Home, International. The course will qualify her to teach childbirth classes, and she plans to take midwife training as well.

There are, however, problems inherent in the decision to become a midwife. Basically, the state is not issuing any permits, Cook says.

"In North Carolina, about the only requirement for a midwife is that she be able to read and write, and of good character," Cook says. "The state must then train the midwife and award the permits."

"There have been no permits given since 1964," she continues. "There are only four lay midwives in the state now, and the youngest is 56 years old."

"There are about 15 of us in the Triangle area who want permits. Those who have applied either were denied or received no response," Cook says. "We are taking the matter to court."

The issues of midwifery and homebirths go hand in hand as far as Cook and many others are concerned. This is largely because of the attitude most doctors have toward homebirths.

"Physicians feel hospitals are better places to have babies," Cook says. "But many women want homebirths, and they will have them whether or not they have the back-up. They will do it with or without a doctor."

"Doctors will say that having a baby at home is very unsafe, but there are no statistics to prove that. I wouldn't say homebirths were safer, but they are just as safe as births in the hospital. There's no proof that they're not," Cook says.

It is because of this general attitude on the part of doctors that midwives are rendered necessary. Cook also feels that the attitude of a lay midwife is more in tune with birth as a natural, normal process. She cites the medical training most doctors receive as a factor in their unwillingness either to sanction or to feel comfortable with homebirths.

"Med school prepares them for emergencies," Cook says. "They learn about everything that can go wrong, and they think of deliveries in those terms."

"A midwife will look at you as a normal labor, but she knows enough so that if something goes wrong, she will recognize it," Cook said.

Cook favors homebirths for a number of reasons.

"You are an active participant in the process," she says. "You can set your own environment, and nothing is done that you don't want done."

This is clearly a major advantage for Cook—that the delivering mother is very much in control of the situation.

'When you are admitted to a hospital, you relinquish control of your delivery. You have to hand over your own labor.'

—Sally Cook

"When you are admitted to a hospital, you relinquish control of your delivery," Cook said. "Many doctors won't accept that you know your own body. You have to hand over your own labor."

Cook also disapproves of basic procedures used in hospital deliveries. "You're treated like a sick person when you have a baby in a hospital."

"Some doctors use forceps or inducers as a routine procedure, too," she added.

Other advantages to homebirths cited by Cook are that anyone the mother would like to be present can be, the child may remain with the mother, allowing stronger maternal-infant bonding and that the mother is allowed to deliver in any position.

Cook points to her own experience of having her child at home as demonstrating the positive aspects of homebirths.

"When I first began my contractions, I realized that there was no hurry. It was really relaxing to stay in my own apartment where I was comfortable, and not have to rush off to the hospital," Cook says.

"Ridge (Cook's husband) timed my contractions, and called the doctor. She came that night to check on me. It was super-nice to have Ridge there. It was like he was going through labor, too, and that we were one person," she says.

Cook's labor was extremely long—26 hours, but she never felt out of touch with the situation. However, she does feel that using the Lamaze method of breathing was not good for such a long labor because she became exhausted.

"Childbirth was the most painful thing I've ever experienced," Cook says. "But it's for something so rewarding. I had allowed myself no option of taking medication to ease the pain, but I had a lot of confidence in myself."

Cook acknowledges that homebirths are not for everyone.

"Some women like being in the hospital, and I wouldn't recommend it for those with high-risk pregnancies, or for those who would feel uncomfortable being at home," she says. But the choice should be there."



Sally Cook with daughter Sarah

Staff photo by Sharon Clarke

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