



The birthing wars: I'll take that epidural, thanks

By: Naomi Schaefer Riley
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“Oh, come on. What are these women thinking?” That was my comment a couple of years ago to a fellow preschool mom about a glowing New York Times Magazine piece on the “home birth movement.”

Oops: A few weeks later, a mother who'd been standing nearby sent out an e-mail announcing the birth of her third child — in her living room.

Well, to each her own, I thought. Then Lifetime this week announced “Born in the Wild,” a new series in which women give birth the way our primate ancestors once did.

The press release asks, “What happens when the craziest experience of a woman’s life becomes truly wild, and soon-to-be parents decide to take on an unassisted birth in the outdoors?”

Sorry, I won't tune in for that one. I can't imagine why anyone would take even the slightest risk in order to have a baby in their living room, let alone the forest.

And I have nothing but positive things to say about my childbirth experiences: Over three pregnancies, I felt a grand total of two contractions before the drugs kicked in.

But the mommy blogs tell me others see it differently. Many women want the “experience of childbirth,” and complain that they're not allowed to have it.

As Lifetime's Eli Lehrer explains of the “Birth in the Wild” women, “These are all people who have already had babies in hospitals who had unsatisfying experiences and who are choosing to have different experiences.”

Judging from Facebook, the country seems to be brimming with women who have had “unsatisfying experiences” in hospitals.

As singer Ani DeFranco wrote in the forward to a book on homebirthing a few years ago, “What if the medical establishment that purports to be saving women from the specter of pain and danger is instead ejecting them from the seat of their power?”

Well, Ani, here’s another question: What if it’s the legal establishment that’s preventing women from having the births they want?

In July 2011, Rinat Dray had her third child, a healthy baby boy named Yosef. But she’s suing Staten Island University Hospital for forcing her to have a cesarean section when she wanted to deliver vaginally.

Dray had already had two children by c-section. The doctors at first let her try to deliver vaginally, but later determined that allowing her to continue would endanger the baby’s health.

The director of maternal and fetal health overrode her wishes, after consulting with her doctor . . . and the hospital’s lawyer.

Why consult the lawyer? As attorney Philip K. Howard, the author of “Nobody’s Rule,” explains, “Doctors today find themselves in an impossible position. We have a legal system that allows a lawsuit whenever the outcome is bad — irrespective of whether doctor did anything wrong.”

Actually, in this case, we have a lawsuit even though the outcome — at least to judge by the health of mother and baby — wasn’t bad at all.

Indeed, there’s universal agreement in the medical community that too many c-sections are taking place, but the fact is that doctors don’t have much choice.

They can be liable for tens of millions of dollars if a jury — people without the slightest medical expertise — determines that a baby was deprived of oxygen as a result of a doctor’s decision to let a vaginal delivery continue, or even as a result of delaying a c-section for a few minutes.

Jurors often figure that, hey, it’s the insurance company that will really pay — forgetting that doctors have to pay for that insurance, which has been skyrocketing thanks to those payouts.

Walter Olson, a Cato Institute senior fellow and publisher of overlawyered.com, notes that obstetrics “is either No. 1 or No. 2 in terms of the intensity of litigation pressure. Neurosurgery is the only real competitor.”

Indeed, women are right to worry about their childbirth options being narrowed.

Olson says, “Our tort system works to take away women’s choices. In the name of safety we allow litigation to slice away at the range of choices women have.”

The high price of malpractice insurance has led many general practitioners in rural areas to simply stop delivering babies altogether, forcing mothers to travel longer distances to get to the hospital.

This can make prenatal care more difficult to obtain — and worse.

As Olson notes, a woman who goes into labor two hours away from a hospital may not get there in time. The “Born in the Wild” folks may have more candidates than they bargained for.