Models of Childbirth

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Medical Model or Technocratic Model of Childbirth

The Body is a Machine. The body works mechanically with a rhythm like other bodies. The same time frame can be applied to all bodies.

Birth is inherently dangerous. Many things can go wrong. Women must often be rescued from the actions of her dysfunctioning body. Surgeon/doctor serves as hero/rescuer.

Tools are lab tests, results, comparison charts and objective criteria. Intuition and woman's knowledge of self/body are disregarded as unreliable and erratic.

Attendant cannot cope well with variations from statistical norm.

Attendant's desire is to "fix" things. By getting involved, s/he asserts power at the birth. After all, if the machine is not working to the normal guidelines set by other machines of this model, it must need assistance (intervention).

Baby is viewed as an additional patient needing medical skills to begin the life process. Medical caregivers often rescue the infant from injury or death. Baby is often treated as if five senses were not developed.

The medical model does not trust the process of birth or women's bodies.

Woman-Centered Model or Holistic Model of Childbirth

The Body represents the whole self of a woman—her emotional, mental, spiritual and physical selves are all reflected. The Body works to its own individual rhythm, a perfect coordination of all those influences. While it may be similar to other women's bodies, all women are individuals.

Birth is a normal function of the female body. The birthing process reflects its owner's pattern of health and living. Birth attendants ease the process through compassion and respectful, healing skills.

Objective criteria and woman's intuitive knowledge and feelings are both valid in decision making.

Variations in the birth process are expected. They require observation, evaluation and perhaps discussion.

Attendant's desire is to observe, offer support and suggestions when appropriate. Active participation is defined as charting observational information and using medical skills only when necessary. Assessment of emotional states and issues is also important.

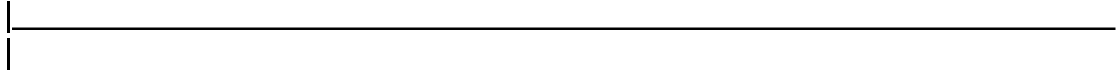
Baby is respected as a human being with all five (six) senses intact and can begin life on his/her own, with minimal assistance, most of the time.

The woman-centered model trusts women and birth absolutely.

Both models are represented as extremes. This line illustrates the range between the two. Your viewpoint and that of your partner and medical attendant may all fall in different places on this line. The key questions to ask are:

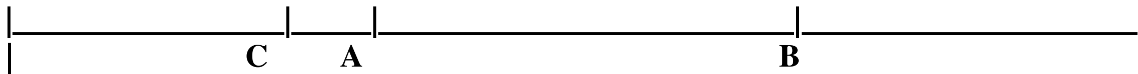
Where are you on this continuum?
Where is your medical attendant?

Medical Model **Midwifery Model**



The larger the space between your viewpoints,
the greater the potential for conflict during labor and birth.

It does not matter where on the line the mother and her family are, or where the physician or midwife is. What matters is the space BETWEEN their two places on the line.



If a mother would place herself at line “A” and place her care provider at line “B,” all the space between “A” and “B” is the potential for conflict at the birth. This graphically outlines the possibility that the mother may be dissatisfied with the care provider’s decisions and recommendations at her birth.

If the mother is at line “A” but her care provider is at line “C,” there is only a very small potential that the mother will be unhappy with her care.

The important thing for clients to do is to assess where they are and where their care provider is on the continuum. This will help them to feel more satisfied with the care they received after the baby is born.

References

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