

# Birth at Home – At Home With Birth

## *L'accouchement à domicile – Confiance en la naissance*

by Susan James, PhD

### ABSTRACT

In Canada, homebirth and midwifery seem to be inseparable. Prior to regulation, women wanting homebirths sought midwives and women wanting midwifery care often gave birth at home. Choice of birthplace, including the option of homebirth became a central tenet of regulated midwifery across the country. In this paper, the experience of homebirth is explored. Women and midwives from four provinces, both before and after midwifery regulation, spoke of their experiences of homebirth. Using hermeneutic phenomenological analysis, themes related to experiences of time, space, relationships and embodiment were identified. While some of the women's stories include comparisons of their births at home and hospital, the objective is to uncover what it is like to give birth at home not what is better or safer or more challenging than other birthplace choices.

### KEY WORDS

*homebirth, midwife, phenomenology*

*This article has been peer-reviewed.*

### RÉSUMÉ

Au Canada, l'accouchement à domicile et la pratique sage-femme semblent être inséparables. Avant la réglementation, les femmes désirant des accouchements à domicile recherchaient des sages-femmes et les femmes souhaitant des soins de sages-femmes donnaient souvent naissance à domicile. Le choix du lieu de naissance incluant l'option de l'accouchement à domicile devint une des pierres d'assise de la pratique sage-femme réglementée à travers le pays. Dans ce travail, l'expérience de l'accouchement à domicile est explorée. Des femmes et des sages-femmes de quatre provinces ont partagé leurs expériences en ce qui a trait à l'accouchement à domicile, et ce, avant et aussi après la réglementation de la profession sage-femme. Les thèmes liés aux expériences du temps, de l'espace, des relations et de l'incarnation furent identifiés en utilisant une approche herméneutique phénoménologique. Quoique certaines des histoires des femmes incluent des comparaisons entre leurs accouchements à domicile et en centre hospitalier, l'objectif est de découvrir non pas ce qui est mieux ou plus sécuritaire, ni ce qui présente plus de défis que les autres choix du lieu de naissance, mais plutôt ce que c'est que d'accoucher à la maison.

### MOTS CLÉS

*accouchement à domicile, sage-femme, phénoménologie*

*Cet article a été évalué par des pairs.*

We strapped on our snowshoes to finish our journey to the tiny cabin in the prairies. Tonight's blizzard has brought waist deep drifts. Inside the cabin, the wood stove warms the one room that serves as kitchen, bedroom and living room and tonight it will be the place of birth. A large pot of water simmers on the stove and two buckets of snow are melting nearby. Beeswax candles fill the room with sweet dancing light. The woman lies on a featherbed on the floor with her husband sitting next to her holding her hand. Two sets of wide-open eyes peer out from under a quilt on the couch. We lay out our bundles; the baby will be born soon.

This could be a century old story, but it is a story of modern midwifery practice. Homebirths happen in all sorts of homes, the places women and their families live: brand new subdivision homes, old urban and rural homes full of history, apartments, townhouses, trailers, tents, tepees, women's shelters and hostel rooms. Homebirth and midwifery have been intrinsically linked.<sup>1, 2</sup> Prior to regulation of midwifery practice in Canadian provinces, women who wanted a midwife as the primary care provider were mainly limited to having a homebirth. As well, women who wanted a homebirth were mainly limited to midwives as the primary care provider. Since regulation, choice of birthplace, including homebirth has been an important component of the model of practice in most Canadian jurisdictions.

This paper is part of a larger study on relationships between women and their midwives.<sup>3</sup> Reflecting on both pre- and post-regulation experiences, women and midwives in four Canadian provinces were interviewed beginning with a basic question: "What does it mean to you to be with-woman?" In this paper, homebirth as experienced by women and midwives is explored using hermeneutic phenomenological thematic analysis of four broad categories: time, space, embodiment and relations.<sup>4</sup> The purpose of this analysis is to better understand the experience as lived and not to debate relative merits of home

versus hospital experience.

While the overall number of homebirths in Canada is slowly increasing with the ongoing integration of midwives into provincial and territorial healthcare systems, this choice remains a rare event in most communities. Women and their midwives face opposition for the choice of homebirth. Jane said,

*My mother was absolutely against homebirth. She said that I was taking my baby's life in my own hands and that I had no right to do this.*

Despite evidence supporting the safety of homebirth<sup>5, 6, 7</sup> the warnings about the dangers, the risks, and the foolishness of this choice continue to dominate the cultural view of homebirth.<sup>8</sup> However, for women who regard pregnancy and birth as normal, healthy states, the hospital seems a strange place for birth. Women who make the choice to birth at home do so for many reasons, such as family involvement, avoidance of medical procedures and scrutiny, healing from past experiences, or as a fit with an overall personal approach to health.

Midwives speak of the uniqueness of the homebirth experience. They claim that the link between midwifery and homebirth is at a deeper level than simply the regulatory requirement to offer *choice* of birthplace. Homebirth reflects the very essence of midwifery which holds that birth is a normal healthy experience which can safely occur at home, that the woman is at the centre of the experience - she is the host, that family is important and can be involved in any way that works for the particular family, and that birth is a spiritual experience - a fragile and subtle aspect of birthing that is often lost in the routines of medicalized care.

*Home*

What is it like to experience birth at home? When we think about home, many images come to mind. We note the physical structures: the appearance,

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the rooms, the furniture, or the decor of the house. Is it the physical structures that make the homebirth experience unique? Is it being able to give birth on a bed rather than a narrow delivery table or being able to sit in the tub or stand in the shower during labour? Or is it being able to look at familiar walls with paint or wallpaper and attractive paintings or children's art projects or being able to curl up with baby after the birth in a comfortable rocker or recliner?

*Although birth may be an unfamiliar experience, the connection to a familiar world brings the sense of home to the birth.*

running water, lights that work, furniture, and tidiness. I think of births where I've had to find my way through piles of dirty laundry or children's toys, where I've had to dodge the dog that seems to always want to be under-foot, or where I've boiled pot after pot of water so there will be enough for a warm bath for mother and baby. These seem minor inconveniences in the context of a familiar place for the woman and family. Home is a place where life (birth) happens.

In recent years, most Canadian hospitals have added home-like touches to their maternity departments. Birthing beds, reclining chairs, rockers, televisions, showers, wallpaper and art are now common in birthing rooms. Yet birthing rooms more often appear more like hotel rooms than someone's home.<sup>9</sup> The words, hotel and hospital, were originally synonyms that meant 'places where guests were received'.<sup>10</sup> In the hospital, the woman giving birth is the guest; at home, the woman is the host. In fact, the home-like touches designed in hospitals may actually contribute to a feeling of alienation or strangeness: The rooms are more like someone's idea of what home is like, but too sterile, uncluttered, too bland to be a particular person's home.

When we move to or build a new home, we organize our belongings in a way that creates meaning for us.<sup>11</sup> This organization creates space: a space to sleep, to eat, or to relax. The order of our world is based on familiar things being in familiar places. Although birth may be an unfamiliar experience, the connection to a familiar world brings the sense of home to the birth. Women know the comfortable places in their homes from previous experiences with illness, fatigue or nesting. The bed is her place, where the mattress is molded so that her body fits. The chairs and sofas are all tested. The tub is her own, no need to worry about who sat there last. The best places of the house are known: a place for privacy, a place for comfort, or a place to accommodate and welcome others. I was once asked if I wouldn't be more comfortable providing care in a hospital where I was sure that there was

#### *Home as a Familiar Birthplace (Meg)*

*My homebirth was great. I waited until the contractions were 5 minutes apart and phoned my midwife Astrid. I made the bed and pulled the food out to have afterwards and baked a cheesecake. My daughter Noel changed her clothes about three times - she couldn't quite get the right thing to wear. Astrid came in and checked the baby's heartbeat then we sat and talked. My partner, Brad started to get anxious and started to build a picnic table. Later, Astrid started to read a book and I went outside and watered some flowers and then I took Brad's hammer away from him and helped build the picnic table. By then the contractions were about 3 minutes apart so I hammered some nails and put the hammer down when the contraction came and walked around the yard and then picked up the hammer again. It was just so relaxed. I came in and told Astrid that the contractions were 3 minutes apart and I thought she should check to see what was happening. I found out I was eight centimetres. I called Brad out the window to come inside and he hammered the last nail. I went to put the baby's laundry away and I had a really bad contraction. I guess I must have made some noise that I didn't realize because when I went to get Astrid, she was already there. We just went into the bedroom and I had another contraction, leaned over the bed and Astrid rubbed my back, then my water broke. Astrid asked if I was pushing and I said "I don't know..." and the baby's head was just about there. We managed to shuffle over to the birthing stool. It was just so peaceful. It was nice having just Astrid and Brad. It was so quiet and so fast I couldn't believe it. I had a lovely nightgown to wear for giving birth and I*  
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*never even put it on. And Astrid was so calm all the time. Having a baby at home feels in one way a kind of pampering.*

Meg used everyday activities to get through her labour. Imagine the satisfying feeling of pounding nails with an intensity that matches the strength of the contractions. During her contractions she paced through her yard. This is her home; she need not wonder whether she can venture down a hall or enter through a doorway. She can reach out to the walls for support without looking – after all, she has walked these routes time and time again.

#### *Home as a Safe Birthplace*

Home is generally thought of as a safe haven.<sup>12</sup> Home is the centre point of a person's world or lived space, a place where relationships are lived out. The walls of the house separate the person from the outer, strange and potentially dangerous world.<sup>11</sup> Women choosing homebirth weigh the risks and benefits of home and set their own limits to what would be considered a safe homebirth experience. Jane said,

*It felt like the house was hugging me almost. It seemed to take on an almost human quality of protection and security.*

Doubtless, there are women who would never consider home to be a safe birthplace and would never choose homebirth. When home is not a safe place, when the woman perceives danger there through abuse, lack of privacy, or conflict, home is not likely to be perceived as a good place for birth.

Choice of birthplace is a serious decision. A mother wishes to protect and safeguard her child. A woman who perceives danger in her birth place may have as much difficulty giving birth as a woman who perceives danger in her neighbourhood has difficulty allowing her child to venture out into that world. As the woman makes preparations for her homebirth, she creates her home as a birthplace before the actual birth experience. The preparations she makes go beyond the nesting rituals of putting up the crib or decorating the baby's room. She sees

and touches the supplies and equipment that the midwife will bring with her and visualizes where these things may go in her home at the time of birth. When the midwife comes for a home visit, the woman shows her where she may give birth, perhaps asking for advice. "How should I protect my carpets?" "Will the midwives have enough space if I decide I want to give birth in this room?" "How can I be sure I will have enough hot water?"

The woman shops for supplies for the birth - a plastic cover for her bed, olive oil, and "K-Y" jelly. Lea said,

*When I was buying my birthing supplies, I was going through the grocery store so proud of what I was doing and I wanted people to ask me questions so I could just tell them that I am having a homebirth.*

The woman performs preparatory acts for the birth itself such as getting the bed ready, selecting towels and linens, and finding the "right" pan for the placenta. Her deliberative activity in preparing the tools of birth is perhaps one step in giving her body the right environment for birth. She is shaping the space of her home by putting things in their proper place. The sheets and towels selected are usually old, well known ones, perhaps associated with memories of other family events. In addition to the preparations of supplies and equipment, women spend time selecting the place of birth. Some women prefer to use their bed in their bedroom. They say that giving birth in the place where they conceived completes the cycle - both intimate acts occur in the same place. Megan, Heather and Claire wanted to give birth in water, but knew their bathrooms were not big enough. They purchased a children's wading pool and blew it up weeks before the birth. Some women like to maintain contact with the outside world particularly during early labour. Claire went for a walk in the early part of her labour. Diane described how she liked being in the sunny living room for part of her labour, but once it became more intense she wanted to go into the bedroom where it was darker, more like a nest. During labour some women change their plans about the actual place of birth. Lea initially planned a romantic setting in her living room with dim lights

and candles, and then she moved to the bathroom, then to the bedroom. She said "I hate this bathroom, I can't have it in here. Forget it, it's the grossest room of my whole house." I find that I often follow women around their homes during the last part of labour, carrying the essential supplies from room to room. Women often find a small secure place when they finally settle down to give birth, perhaps in a corner by the bed or jammed between the tub and sink in the bathroom.

At home, women give birth in a place that is used for everyday activities. During the beginning of strong labour, Molly sat on her living room floor folding diapers until the whole basketful was folded and then went to her bedroom. The sense of ordinariness, of familiarity in the space for birth need not make the experience any less special to the woman. After all, many special events and celebrations occur in one's home. Seeing the familiar walls, treasures and furniture can be reassuring when everything inside her body is undergoing change.

#### *Whose Birth is This?*

By using her own things in her own space, the woman is taking ownership over her birth. This is *her* birth - hers to tell about, to enjoy, and to savour. This re-placing of the centre of control to the woman is not indifference on the part of the midwife: "She can do whatever she wants".<sup>13</sup> It is different from the control of routine driven care: "We always monitor the baby for 20 minutes." It is different from subtle coercion: "Do this for your baby, do this to be a good girl." Some may be concerned that by leaving the "control" in the hands of the woman, the baby will be at risk. But, does "my birth" have to imply that this is only about the mother, her experience, her needs? It is fascinating to watch Anne Waddell in the National Film Board's *Born at Home*.<sup>14</sup> Anne is clearly in control and has ownership of her birth. And yet, she is constantly reminded of the needs of her children, and of her partner Steve. She remembers to ask Steve if he wants to catch the baby and stops to tell the children that she is going to hurt a little bit - all just seconds before she pushes out her third child. Ownership of birth includes other important people as well as the mother. Laurel said,

*The biggest bonus about having a midwife is that they do not have ego attached to birthing, an 'I delivered this baby' attitude. The birth still belongs to the mother and the midwife has a critical supporting role. But the midwife is not the star.*

#### *In Her Own Time*

The "birthing clock" used at home is the one set by the woman's body and the everyday events of home life. Midwives are committed to the natural process of labour and birth and are content to watch nature take its course, always mindful of signs that this particular labour is moving away from that "normal" pathway. At home, the woman is free to mark the passage of time in ways that are meaningful for her. She may recognize the time of day by familiar sounds or events like the clock radio, the neighbour coming home from work, or the arrival of the newspaper.

Van den Berg<sup>15</sup> suggests that our sense of time is associated with change: change of light, change of colour, change of place, change of plans. Time is important. "How long?" "How long until I push?" "How long should I try this?" "How long should I stay in the bathtub?" What kind of answer does the woman want? An answer built on clock time may seem the kindest answer, "only one more hour." But what is that hour? Thirty more contractions? An endless sea of pain? A blink of an eye? Not long enough, I need more time? Too long, I can't bear it? The answers the midwife gives may be connected with the midwife's recognition of the particular rhythms of the woman's home. "Before the children wake up." "After the bread is baked." The answers may be connected with body time. "When your body is ready." "When your cervix is open." "When you feel like it." "When the next contraction comes." Time, for the woman, is marked by the changes she feels--time for sleeping, walking, crying, pushing, and a time for rejoicing. When we listen to women's homebirth stories, we recognize that the woman's concept of the time of her birth reaches far beyond the few hours (or days) of the labour and birth process. For some women, the birth experience may include the months of her pregnancy and even her plans to become pregnant. For others, the celebration extends for months or even years. When baby Aimee was nearly two years old, Claire tells me that she wishes she could afford

to have more babies, if only to capture that experience again. As I listened to her voice soften and her eyes grow misty, I recalled her birth story. Birth isn't an experience with a clear beginning and end, it extends on and on, into all aspects of the woman's life.

#### *Childbirth "Naturally"*

Trust in her body is of primary importance for the woman choosing homebirth. The woman and the midwife must prepare for what it means to give birth naturally. In a culture where epidural rates generally exceed 50%<sup>16</sup> and elective caesarean section<sup>17, 18</sup> may becoming a fashionable choice, the lack of pain medications and epidurals, forceps and cesarean sections at home becomes a serious focus of consideration. Birth at home with a midwife does not mean retreating into the wilderness to give birth alone. Nor does it mean that the birth will be painless. Throughout her pregnancy, the woman confronts her beliefs about her body's capacity to give birth. Mutual trust in the midwife, in the woman and in the birth process is needed to birth naturally. Lea said she decided to try to have a vaginal birth for her second baby because, she said,

*I really had confidence in my body, because I knew my body worked really well and I was really healthy. I knew that I'd be fine.*

Each woman's story conveys the reality of her birthing pain. Claire said, *"This really hurts. What an idiot I was to think it wouldn't."* And yet, the experience of facing birthing pain can be incredibly powerful. Lea said,

*It scared me, it was a really powerful part of me, that before the birth, I would have never believed was there. I just did what "she" was telling me to do, be naked, make noise, I made great noise.*

Pregnancy, birth and lactation call a woman's attention to her body. Rather than living through her body, she lives with her body, constantly aware of her changing shape, the

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movement of the baby within, the discomforts that accompany pregnancy, and the gaze of others who may think she is too big or too small or too public with her breastfeeding<sup>20,21</sup>.

Labour and birth demand a particular consciousness. It is impossible to ignore the intense contractions, the bursting of amniotic membranes, the involuntary pushing, the "ring of fire" that accompanies crowning of the baby's head, and the heavy slippery warmth of the just born baby on her belly. The midwife invites the woman to claim this birth as her own by listening to her body cues, to follow these, to report them to the midwife. For some women, this experience of body awareness is new and exciting. Diane spoke of her reaction to her first contractions,

*I went into the bathroom so I wouldn't wake Paul. I was dancing around: Oh finally, finally, finally, finally!!!*

There is a risk for both midwife and woman to objectify the woman's experience of her body thus alienating or separating her from her experience.<sup>13,19,21</sup> Attention to the dilation of the cervix, the descent of the baby's head, the frequency of contractions and the colour of the amniotic fluid may disassociate these from the woman in which they occur.<sup>22, 23</sup> Cynthia described her first birth as an experience of having things done to her: monitoring, intravenous augmentation, and forceps delivery. Her body, the machine, was not doing its job "correctly." It needed expert help.

The homebirth setting can help both midwife and woman to continue to attend to the women's embodied experiences. The woman is in a familiar place, surrounded by familiar people. Her body calls her attention to experiences that are painful, pleasurable, frightening, and welcomed. Even when the experience of labour and birth is completely new to the woman, she has had other experiences in this place and with these people to ground her, to remind her *"this is about me."* She is able to decide what

position to assume, when examinations will be performed, who will touch her, and how. Yet she is in an environment that gives her the security to relinquish control to her body and allow labour to happen. Midwives realize that connecting self and body is important in the work of childbirth. It is the woman who gives birth. It is not just her uterus, cervix, and vagina. Alice stopped labouring when certain family members came to her house uninvited. I recall experiences from my practice where women went into labour the day after their partner returned from an out-of-town business trip and where women "waited" to feel like pushing until the midwife arrived. Coincidences? Perhaps. And yet, the women tell us "I didn't want to do it without him..." Perhaps the rhythms of home and family bring other self-body connections to the birthing experience. Those tiny miracles of the mother who cannot get sick on the day of her child's birthday party or whose period comes early because she needs a little break and will happily cancel the skiing expedition surely are other examples of connections of home, family, heart and health.

Although the woman trusts and believes that her body will give birth naturally, it is always awesome that it happens! We realize that giving birth naturally is not an inconsequential natural body function, it is not of the same order as breathing or sweating. Each woman, each family, each midwife attaches meaning from their lives to this experience of giving birth naturally. Lea described her reaction to Adam's birth, "And when he came out, it sent me flying into a million pieces. It was incredibly empowering." Madeleine described her second birth,

*I was just cracked open and all this stuff was oozing out of me all over the place - emotionally and spiritually and so many other ways and I just couldn't put a lid on it and I couldn't understand it. It's a mixed bag of emotion and this intense sense of love.*

#### *An Intimate Touch*

Labour and birth are intensely intimate experiences.

*Each woman, each family, each midwife attaches meaning from their lives to this experience of birthing naturally.*

The similarities between birth and sexual intercourse, the hormones secreted, the intensity and location of sensations, and the emotions involved, remind us that birth is an expression of the woman's sexuality.<sup>24,25</sup> Perri, a midwife, said,

*You cannot drop all the functions of the vagina and pretend that it is only one. Birth is the same as with sex - if you let go into the emotions, there is a lot of energy. You look inwards and get into the birth rather than paying attention to the outside stuff.*

While not every woman identified her birth experience as being sexual, each birth story reflected the intimate nature of giving birth. When

we think of intimate experiences, we generally think of those shared with others very close to us: friends, family, and lovers. An intimate experience is one which "is connected with the inmost nature or fundamental character of a thing, pertains to the inmost thoughts or feelings, affects one's inmost self, and is closely personal".<sup>26</sup> The birth experience is connected to the very centre of the woman's self and in birthing she exposes herself physically and emotionally. The woman may choose to escape the intimacy but she cannot escape the

birth process. Until recently, women giving birth in hospital were completely disconnected from an intimate birth experience. Their hands were tied, their legs strapped in stirrups, they were draped, and often drugged or even anesthetized.<sup>27</sup> The woman making sounds was hushed. The woman touching herself or her emerging baby was scolded. While hand tying and anesthetizing are no longer used, we continue to hear the discomfort of health care professionals with the intimacies of birth. At home, the woman experiences this intimacy in a way that is comfortable to her. As Susan Griffin<sup>28</sup> suggested, with trust, the woman feels free to follow her instincts. Many women are initially surprised at how readily they shed their clothing, how easy it is to sit naked in the pool with midwives, friends and family around, and how fascinated they are to see their birth photos. Diane said,

*I'm not very proud of my body and so I tend to keep it covered up as much as possible at all times. But there was such a feeling of support and acceptance from the midwives that by half way through, I was completely nude and it didn't bother me in the least.*

Midwives also are conscious of the intimacy of the birthing experience. They recognize that this is when a woman is most vulnerable, when it is possible to overstep the boundaries of what is acceptable touch, acceptable gaze, or acceptable words. Kathleen explained why she finds women are seldom embarrassed by vaginal examinations or the birth process

*I think it's because I'm in her home and she knows me and she knows that she always has a choice about examinations or how much she wants to expose.*

Touch is used extensively by most midwives throughout the birth experience. Touch is an extremely intimate form of communication that is both a way of being together with others and of being oneself.<sup>29</sup> Some touch is for comfort or pain relief: putting pressure on the woman's coccyx when she has "back labour," massaging her shoulders or legs, holding warm compresses against her perineum while she is pushing. Other touch is to "ground" the woman, to call her back to the experience: perhaps holding her feet, embracing her in a hug, or holding her hand. Other touch is a measure, a feel for where this woman is in her labour.<sup>30</sup> Other touch is more "instrumental," the touching required to auscultate the baby's heartbeat, to assess the dilation of the woman's cervix, to free the baby's shoulders at the birth.<sup>31</sup> All these forms of touch have the potential to make the woman feel vulnerable, to feel objectified. Sally Gadow<sup>19</sup> speaks of empathic touch, a way of

*affirm[ing] the subjective significance of the body for the patient. Its purpose is not palpation or manipulation but expression - an expression of the caregiver's participation in the patient's experience. (p.67)*

To touch empathically requires an attention to *this woman*, to what is acceptable, and to what is desired.

Midwives speak of testing and of asking permission to touch. Rachel said, "I usually say, 'do you mind if I show you this?' I might start doing some massage and ask her to tell me if it is ok." Women sense when touch is empathic. Jane said,

*Carrie was rubbing my back and I knew she would use a different stroke on somebody else because of how she knew them. It was a good feeling that Carrie was doing this just for ME.*

In order for the midwife to really participate in the woman's experience, she too must stay connected to her own body. This may be tuning-in to her body cues that add to her knowledge of the situation. Of equal importance is staying aware of the possibility of treating her body as an object, a machine. The midwife's hand may perform great tasks, but seen as an instrument rather than as the midwife herself, the midwife is at risk of stepping away from a very intimate bodily experience. I think of the times where I am sitting on the woman's bed prepared to catch the baby. My legs are intertwined with the woman's, providing her legs with some support. I am sitting very close to her. I can feel the strain of her muscles as she pushes the baby. I can smell the blood and amniotic fluid that are running toward me, so far being caught in the pads I've placed beneath her. I could easily concentrate on the emerging head and ignore the woman, ignore our closeness, and our touching. But in ignoring the woman and myself, I do not engage our intersubjectivity, our way of reaching one another as ourselves.<sup>19</sup>

#### *Home is a Family Birth*

*When Gwen arrived, she suggested that I try a bath. We ran some water and she started to really nurture me, which calmed me down. We spent lots of time in the tub. All of us - Gwen and the other midwife Leslie, Terry and Jason - were crowded into that bathroom. And that was interesting to me that the midwives would stand in this crowded little steamy space just for me. I noticed that there were different times when Gwen or Leslie noticed things so I didn't have to ask. In the bathroom, there was a little candle and Gwen said, "Do you want me to light the candle?" And it just meant so much to me - it was something that I*

*had wanted. It was just a feeling that I was seen in some way. She poured water on my belly. She just knew how to nurture, how to care and comfort. I really needed that because a part of me didn't feel too in control. And then there was little Jason - it is a thrill remembering him: his little face and dumping water on me, and giving me popsicles. He would touch my shoulder and say, "You're doing such a good job mommy." And he was so calm. I think we had done a pretty good job of preparing him.*

Birth brings a new member to a family. As home is the centre of the world of the family many women have a strong sense of family in the planning of a homebirth. Family approval is important. Many women who have a homebirth do so without support or approval of parents, siblings or extended family, but it is difficult for a woman to go ahead with her plans if her partner is unsupportive. The woman and her partner share the space of their home. When the partner is supportive, that support is felt throughout the home. When the partner is not supportive, the woman may not be able to find a supportive space in her home. When birth occurs at home, the new family member arrives into the centre of the world of the family. There is never any question of mixing up babies: The baby is held by the mother for as long as she wants before even basic assessments like weight and examinations are done. It is up to the woman to announce the gender of the baby. When she is ready, she'll look under the towel. This is her baby, her news. The woman is able to introduce her new baby to the rest of the family and to create a space for the baby in the family. Cathy's daughter Celine was sitting beside her when she gave birth to Kevin. She said,

*When Kevin came out, I knew I loved him right away, and I know I said it. At the same time, I turned to Celine, and hugged her and told her how much I loved her and was glad that she was there. I didn't want her to feel replaced by Kevin.*

The woman's deliberate activities to prepare for the birth and the inclusion of family help to strengthen her role as mother. Lea said,

*Instead of having to doubt my confidence level with*

*my baby and always wanting someone else to tell me what I should to do, I was free to discover what to do and to do it.*

In our current society, we have come to expect the presence of the partner at the birth. In hospital, partners are often expected to be both the supportive labour coach, providing care to the woman, and to stay out of the way of the work of the professionals. At home, the involvement of the partner is much more intimate than it could ever be in the hospital. The way that touch and words are expressed is different in the privacy of one's home than in the public place of the hospital. At home, a closed door is respected; the couple may be together in a way that is comfortable to them. In the hospital, the door is the property of the staff, not the woman and her partner. A closed door may be questioned. At home, the involvement of the partner is defined by the couple. Some partners want to catch their baby. Others want to get into the birthing pool to sit behind the woman. Some are very nervous and need many opportunities to get away from the intensity of the birthing experience. Many partners are moved in surprising ways through their involvement at the birth. Madeleine explained,

*I've seen men too where all of a sudden the birth experience has really stimulated their feminine side. I remember there was this one fellow who just wept for the week after.*

The continuity of the couple's relationship and the involvement of both in the planning and in the event strengthen their bond and their relationship with the new baby. The involvement of family often extends beyond the partner. Many women choose to have other family members or other children present. For women, like Megan, having her children present was a major factor in her decision to be at home. The arrival of a new sibling can be a confusing time for the family. When that baby is born in the family home, the beginnings of a relational space is created. The family experiences the addition of a new member within the family's orderly and trusted world.<sup>32</sup> Children often sense the magnitude of the birth event and sense a

particular trust that their mother must have in them. When we listen to an earlier story of the mother Camille describing her son Jason's actions and words during her labour, we recognize that children are intuitive to their mother's needs and capable of responding to those needs. Lea described Annie's (three years) experience,

*Her eyes were as big as saucers. After the birth, she told me 'I saw Marcie (the midwife) put a bag on her hand and take the baby out.'*

Christie's two preschool aged children sat on the lap of the backup midwife Kelly while Christie gave birth on her bedroom floor. She believes that their participation brought them close to their new sister and to one another. She explained,

*My son, Ryan grew up some at the birth. I can remember him saying such adult things to me trying to comfort me. He had never done that before. And he still carries his picture of one of the midwives. He tells everyone, "This is Kelly, the midwife."*

#### *Being Known*

The woman having a homebirth is attended by family, friends and midwives, who know her within the context of her home space. She has already spent hours with her midwife, discussing her plans, her fears, and her excitement. Her relationships take on a deeper level of trust and respect. The invitation to the birth, the sharing of such an intimate experience, stimulates the human capacity to care, support, and love. Anne considered doing her last birth on her own. After all, she is an experienced midwife; she has the skills and knowledge to do so. However, she recognized that she did not want to be on her own. She explained,

*I wanted people to be there. I think that most women having babies need to have people there just to be there - to marvel at them as they are going*

*through this wonderful experience.*

Many women speak of another relationship as well as the connection with women that is developed through the homebirth experience. The atmosphere created by the comfort, safety, respect and love at home is one in which the woman can move, grow, and discover herself spiritually. During her birth, Lea found herself questioning what it was to be a woman. She had a profound spiritual experience, one that she believes could never have occurred except at home where she felt totally safe and respected. She explained,

*I felt a presence about me that I had never felt before. This was definitely a connection to women, and it felt very old. It was almost like I had a guide.*

#### *The Gift of Attending the Birth*

The invitation to a homebirth is a very honoured privilege. Women at home employ their position as host to carefully orchestrate who will be around her for the birth. It is vital to create an atmosphere of trust, patience, respect and love.<sup>32</sup> Many women use this very special experience as a way to share the power of being a woman with other women and to bring back the lost traditions of birth as women helping women. Cathy invited her mother-in-law's sister because she had never seen a birth. She explained, "It's like a gift I can give, from one woman to another." Yet, the host role can sometimes result in having people at the birth who are not right for creating a comfortable birthing experience. Theresa felt obliged to invite Drew's sisters even though she is not comfortable with them. She believed that this affected her experience and plans to have her next birth with only Drew and her midwives. Midwives also respect the invitation to the woman's birth. While the midwife realizes that she has a very special invitation, she is not the guest of honour. This is an occasion where the attention is focused on the woman and her family. Often as the midwife leaves, she hugs the woman, the new

*Many women use this very special experience as a way to share the power of being a woman with other women and to bring back the lost traditions of birth as women helping women.*

mother, and tells her, "Thank you for inviting me to your birth." Rachel, like most midwives, sees the invitation to the birth as a privilege:

*I have a sense of it being a really holy experience. There is a permanent bond there that comes from going through that heavy space together, seeing each other through it and for me having the honour of being there.*

#### *Birth-Day as a Celebration*

Homebirth is a celebration - of birth, of family, of women. Celebrations are festive occasions that are distinct from everyday life and only occur when there is an active participation of people who have a sense of relationship to one another and to the event.<sup>33</sup> Homebirth takes on the qualities of a celebration: the inviting of guests, the participation of all the players, and the development of a sense of community and togetherness. Many women plan a party following the homebirth. This can be an intimate event, often only involving the couple and the new baby. For others, it is a big event, thoughtfully planned. Diane had her party catered. Megan had a birthday cake in the freezer, which came out to thaw when labour started. Molly phoned several relatives and ordered pizza within an hour of her birth. The house was full of family sharing the celebration of the birth of her daughter. For children who are involved in birth, the birthday party takes on a whole new meaning. They realize that this is not only a day that occurs each year when they get gifts. This is a day that is special for the whole family. For the woman, the birth-day is a celebration of her power as a woman, her connections to her family, her friends, her caregivers and to women.

As we listen to women and midwives tell of homebirth experiences, we gain a sense that something profound has happened to the woman, to the family, and to the midwife. This is not a magic formula of painless labours, candles and music. The birth experience is a profound intersubjective meeting of women, partners, children, friends and midwives. The opportunity to take part in this very human experience reminds us of ourselves and our relations to others and to the earth.

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Is it safe to give birth at home? A Canadian study published in 2006 in the British Medical Journal demonstrated that by and large, women who gave birth at home had fewer medical interventions, including epidurals, episiotomies, use of forceps, vacuum extraction, and C-sections, than women who gave birth in hospitals. Data from over 5000 women in Canada and the US who planned home births with certified midwives was compared with the data of over 3 million women with low-risk hospital births. Your midwife comes to your home with most of the equipment she'll need. What happens after the birth? Once your baby is born and the placenta (also known as the afterbirth) is safely delivered, the midwives will probably leave you and your partner alone with the baby for a while. A home birth offers the most flexibility and comfort for the mother. Everything a mother might want for personal comfort is typically at their home. With a home birth, there doesn't need to be any concern about forgetting pajamas at home or having uncomfortable contractions in a car while driving to a birthing center. Time. Many birthing centers enforce time limits for how long a mother can spend at the facility. With a home birth, the need to leave is eliminated because you're home! More time is spent with the child and less worrying about the facility or staff. A mother's doula or midwife is still accessible and will be present during the labor but can leave when the mother is ready. Additionally, a home birth can allow for more friends or family to be present, if you so desire. People. \*Disclaimer: A home birth is not for everyone. Whatever you feel is best for you and your baby, and whatever you want your birth experience to be like, I support that. About 98% of my clients give birth at the hospital, and I wholeheartedly support them in their decisions because this is their baby, their body, and their choice. Also, your health care provider will caution against a home birth if you have diabetes, chronic hypertension, a seizure disorder, or any chronic medical condition. If you previously had a C-section or have developed a pregnancy complication, such as preeclampsia, or if you are pregnant with multiples or your baby is in a breech position, a home birth might not be right for you. Thinking about giving birth at home? Check out these pros and cons from a mom who has given birth in the hospital and at home. Pro: Enjoy your newborn in the comfort of your own home. The midwives stay for at least two hours after the birth, but then when they left, my husband and I looked at each other in our bed and gulped. "We're on our own to do this thing!" I've had three home births, two in water (I now own a birthing pool!). They were excellent experiences. I'm in Ontario, Canada, and many of the cons you mentioned don't apply here. Thankfully, this is a province that equally covers home birth and hospital birth. Though after the excellent experience I've had, I wouldn't hesitate to pay for it out of pocket if necessary. I had the same midwife for all three and that relationship was so positive. A "home birth" is when a woman chooses to give birth in her own home rather than in a hospital. Some women prefer the idea of a home birth for a variety of reasons - for instance, it can give mothers greater freedom during their labor to...

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