This book gives a clear explanation of the differences between the philosophies of midwives and physicians. While midwives see birth as a natural process needing little intervention, physicians view birth as potentially dangerous. Despite the sometimes uncooperative relations between midwives and medical doctors, Rooks explains the profound impact midwives have had on medical practitioners. The influence of midwives has led to the cessation of some medical practices that potentially caused harm to birthing mothers, such as shaving pubic hair and giving enemas to labouring women.

Although she recognizes the role of obstetricians in complicated births, Rooks is convinced that midwifery provides safe, effective childbirth assistance. She notes, for example, that normal births attended by midwives result in fewer cesarean sections, fewer episiotomies and other expensive interventions. To ensure appropriate care for birthing women, Rooks suggests that obstetricians and midwives alike assess all birth interventions.

Various laws and the need for insurance coverage, as well as the dwindling number of births per thousand in America, provide disincentives for allowing midwives to practice in the United States. Physician supervision of midwives is required and hospital births are advantaged. As a result, it has been difficult for midwifery to gain a foothold in the United States, despite the data from Europe, Canada, Australia, New Zealand, and Japan that strengthens the case for the use of midwives as safe birth attendants.

**Birth by Design:**

**Pregnancy, Maternity Care, and Midwifery in North America and Europe**

Devries, Raymond, Cecilia Benoit, Edwin R. Van Teijlingen, and Sirpa Wrede, eds.

**Reviewed by Amy Mullin**

*Birth by Design* provides well-researched, cross-cultural comparisons of maternity care practices in nine European and North American countries, with a heavy emphasis on Canada, the United Kingdom, the Netherlands, and the United States. While the countries involved differ in the ways they fund health care, all are highly developed, technologically sophisticated countries. Most medical specialties in these countries are marked by technical uniformity, but the countries involved are markedly different in their approaches to maternity care. They differ in the extent to which they see pregnancy as a medical
problem, in their attitudes toward and use of midwives, and in official
government positions toward home birth and the rates of home birth. Cross-
cultural comparisons allow the authors, who work in fields as diverse as
medicine, history, sociology, anthropology, midwifery, and political science, to
examine how and why maternal care reflects ideas about gender, sexuality,
families, the organization of professions, government policies, and attitudes
toward technology.

The book is divided into three sections, allowing the authors to analyze
maternity care at the macro level (investigating states and other groups as they
seek to design maternal health services), meso level (studying professional
groups that deliver services), and micro level. At the latter level, the authors
investigate "two central themes: (1) the views of maternity clients on their
access to and utilization of maternal health services and (2) the varied ways
technology shapes the work of midwives and the experiences of birthing
women" (201). Issues analyzed include responsibility for costs incurred during
maternal health care, different models of educating midwives, and technologi-
cal interventions during pregnancy and birth.

The book is a fascinating account of different approaches to home and
hospital birth. Readers learn about maternity protection laws that have existed
in Germany for over a century, which have been connected both to feminist
aims and to the eugenics movement. We hear midwives' attitudes toward
prenatal testing based on their experiences with children born with disabilities
and living in their communities. We learn why the Netherlands continues to
have a relatively high rate of home birth, and how government policy in the
United Kingdom has by turns opposed and supported home birth.

My one disappointment is that scant attention is paid to the plans and
desires of pregnant and birthing women. At the beginning of the last chapter
the authors admit, "We were well along in the planning of this book when it
occurred to us that we had overlooked the most important actors in the drama
of birth: mothers (to-be) and their families" (243). They excuse their oversight
by arguing that women's desires are shaped by the alternatives presented to
them, as much as or more than those desires shape the alternatives. However,
while this is certainly true, the book would have been strengthened by some
consideration of women's beliefs, desires, plans, and accounts of their experi-
ences. Midwives' voices and experiences emerge far more clearly in this book
than do the voices and experiences of pregnant women. Despite these concerns,
Birth by Design provides a well-researched, interdisciplinary examination of
maternal health care services.