

There are many problems with prenatal care in the United States. First, obstetricians persist in regarding pregnancy as a disease rather than a natural condition for many women. The medicalization of pregnancy leads to the high cost of prenatal care but it does not improve pregnancy outcomes. At the same time, obstetricians actually spend very little time with their patients. During a typical office visit, women are assessed by a nurse or technician and they see the doctor briefly. Strong argues that neither routine examinations nor an obstetrician's hasty appearance influence the outcome of pregnancies.

Strong also raises two important issues related to prenatal care and health care in the United States in general. First, fetal interests often overshadow women's interests. Second, domestic violence, the single most common cause of injury to women, is ignored by most obstetricians.

Obstetricians' expertise is invaluable for treating complicated cases of pregnancy. Strong argues, however, that the prenatal care of low-risk women (approximately 97 percent of all pregnancies), should be left to certified nurse-midwives who, as research shows, are the most effective providers of prenatal care. Mothers, too, should be trusted to make informed choices during pregnancy and delivery. Strong also points out that the role of the partner/spouse should not be underestimated and that men should become visible in the pregnancy/birth process.

According to Strong, to radically change the poor pregnancy outcomes in the United States it is necessary to address the larger social ills of racism, socioeconomic problems, and the inaccessibility of abortion. A third-generation doctor and a second-generation obstetrician, Strong views women as agents in the process of pregnancy and birth and he addresses women's needs in prenatal care.

The Birth Book: Everything You Need to Know to Have a Safe and Satisfying Birth

Sears, William, and Martha Sears.
New York: Little, Brown, 1994.

Reviewed by robin a. cryderman

As a staunch midwifery advocate, I was prepared to dislike a book that claimed to offer "everything" about birthing; I expected another medicalized birth training manual. However, this text, by a husband and wife team who have birthed eight children of their own and have published seven other books on pregnancy, babies, and child-raising issues, is an admirable achievement. Their text brings to life the motto of the International Childbirth Education

Association: “Freedom of choice through knowledge of alternatives” (137). Clearly and calmly, *The Birth Book* takes the reader through pregnancy and birth in three sections: “Preparing for Birth,” “Easing Pain in Labor - What You Can Do,” and “Experiencing Birth.”

The authors intend to empower women to take control of their births, regardless of setting: “Women need to take more responsibility for their birthing decisions. At no time in history has obstetrics been more ripe for a change” (27). Their philosophy rests on two ideological pillars: “what’s good for the mother is good for the baby” (152), and birth is an embodied experience that should and can be fully experienced by the mother and her support person(s). They criticize standard medical language and practices that have led to high cesarean rates: “historically in obstetrics, interventions have become common practice long before their usefulness or their safety has been proven” (75). Their discussion takes into account whether a birth takes place at home, in a birth centre or hospital, with a doctor or a midwife. The authors strongly advocate for midwives and doulas at each and every birth and are critical of many “standard” hospital routines. This even-handed approach is welcome and should put an expectant mother at ease.

The rhetorical features of this practical book are one of its many strong points. It is arranged in columns, two to a page, with bolded headings that indicate the content of the paragraph(s) to follow. Throughout the book, there are boxes containing summarized information; they stand out and can be located easily. For example, the section on easing pain includes boxes entitled “Pain - A Useful Signal,” “Humor at Birth,” and “Music to Birth By.” There are sketches throughout, illustrating pregnancy exercises, birthing positions, a baby’s position during the stages of labour, labouring positions, the various positions a baby can take *in utero*, and forceps delivery. These illustrations are clear, simple, and useful, and, to the authors’ credit, show a diverse range of ethnic groups and body types. There are numerous boxes that list resources specific to the topic at hand, and a good reference and additional reading list. The section of birth stories and the authors’ experiences in every discussion serve to personalize the large amount of detailed information provided.

What I find most impressive, though, is the even-handed approach the authors take towards birthing sites, practices, and situations: “Determining the birth you want and finding out how to get is what this book is all about. This is a system-fixing, not a system-bashing book” (xi). The authors recognize that institutions will be slow to change, and that it is up to birthers to demand change. This book does provide expectant parents with “everything” they need to know, and is a must-read for first-time mothers, or any mother who wishes to have a happy, embodied birth experience.