

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.  
New York: Routledge, 2001.

### **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 technological 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 experiences. 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.