

Description

Homebirths in Spain: A Comment on the Current Situation and the Historical-Cultural Context

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Summary

Every year in Spain, a small number of families decide to see their future child born at home, an option that is generally rejected by Spanish society and the medical community. The national health system does not include out-of-hospital labour care in its services, making it a privileged resource from which not all families can benefit, in addition to limiting the Spanish midwife's autonomy.

Homebirth in Spain

It is not possible to quantify the number of planned births that occur at home, since the National Institute of Statistics (INE) does not distinguish the place of birth in its registry. Spain has a total of 9,536 midwives,[1] a figure that is well below countries like the UK, which has 38,855 registered midwives in the Nursing and Midwifery Council[2] (NMC). Jobs are so scarce that many of the midwives work as nurses for better conditions and stability, resulting in fewer midwives than what is recommended.[3] Childbirth care in Spain follows an institutionalised-interventionist model, in which women give birth in hospitals and are cared for by doctors and nurses specialising in obstetrics and gynecology.[3] Most women, who are familiar with the Spanish system, therefore want to give birth in a hospital and don't consider the alternatives. The normalisation of labour strategy[4] launched in 2008 was an attempt to improve the warmth, participation and leadership of women in the process. Although it tried to bring evidence-based knowledge to the healthcare system, this strategy did not consider the incorporation of midwifery-led units, nor did it mention the option of homebirth. Despite the data provided by the scientific community on homebirth, it is still considered highly dangerous. Its main opponents are the medical societies of gynecology[5] and pediatrics,[6] the equivalent of the Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Paediatrics and Child Health (RCPCH) in the UK. This leads to a shortage of professionals who are dedicated to homebirths, along with a poor opinion about homebirths, which impacts on homebirth as a valid option for most Spanish families.

Let's look at the history

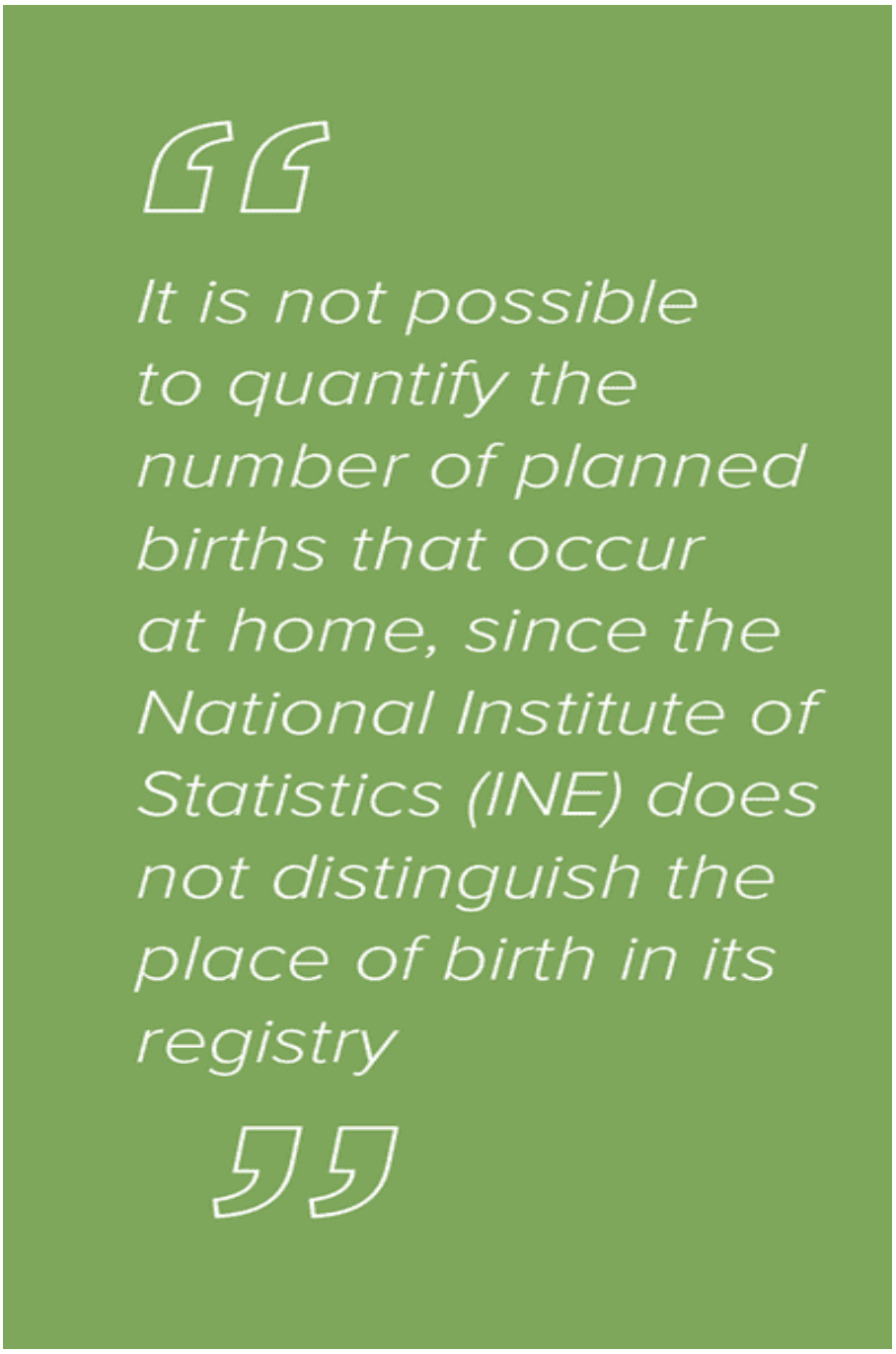


History helps us to understand the principles by which a society is organised. In the case of Spanish midwives, their trajectory over the years contextualises the precarious situation around homebirths. Since the 18th century, throughout Europe and North America, the broadening of the discourse of sexual differentiation[7] and the known obstetric revolution[8] changed the fate of midwives, as they were disallowed from attending 'difficult' births, by medics who alleged that women were innately ignorant of obstetric issues. From 1790 onwards, midwives began to be trained in schools, ruled by the faculty of medicine, where their competencies were revised and restricted, thus achieving subordination to the medical profession.[7] In the UK, female midwives did not have access to schools until 1924.[9] At the beginning of the 20th century, Spanish midwives worked privately assisting births at home, in the calm environment of the family. In the event of complications, the woman was transferred to the public maternity hospital by the midwife, where she would work with an obstetrician in the team.[7] In the UK, only women who wanted to hide their condition or whose poverty was extreme went to public centres.

Families paid for the services until the arrival of maternity insurance, when obstetricians demanded that the government

should create institutions where women gave birth under their direct supervision, working with midwives as healthcare assistants.[10] These institutions allowed for obstetricians to get their way and, despite the initial reluctance of women to leave their homes, after the Spanish civil war, labour care was transferred to institutions, like in other countries. The shift from home to hospitals was mainly to try and reduce maternal and neonatal deaths, although there was no certainty that hospitals were safer than women's houses or the other way round.[3] Long before the UK, in 1953, midwifery training was included within the studies of Health Technical Assistant (ATS), which encompassed three mainly female careers: midwives, practitioners and nurses. From then, midwives became nurses with a subsequent 18 months' specific training in gynecology and obstetrics.[10]

However, the lack of curricular adaptation of the studies of obstetric nurses in the new European plan in 1987 forced the European Union (EU) to close the midwife schools throughout Spain.[11] As a result of this, far from solving the failures, the government chose to ignore them, and 10 years went by without midwives being trained. After a long struggle, the new cohort of midwives arrived in 1994, when the institutionalisation of childbirth in hospitals was perfectly integrated. Consequently, midwives were by then on the verge of retiring their calls for homebirths in Spain.[7] As part of the institutionalisation process, midwives lost their autonomy and their social status as experts in low-risk care. Women then became patients and labour was even considered pathological.[12] In addition, the very structure of the hospital led to the standardisation of care with a subsequent increase in routine interventions, to the point that they were harmful.[7]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Another aspect to highlight is that the training that the midwives received was based on nursing bioethical principles, developed in hospitals (under the influence of the technocratic model[12]), and centred on the paradigm of helping.[13] This implies a paternalistic midwife-woman relationship that, ultimately, hinders women's choices to be heard. With the humanisation of the birth campaign in 1970, Spanish groups of feminists condemned the medicalisation women suffered from the institutions and claimed a return to the family experience. They wanted to be in control of their bodies and their motherhood experiences by participating actively during pregnancy and childbirth. Authors such as Isabel Villena promoted homebirth assistance projects in Spain in response to the obstetric violence women suffered in hospitals.[7] With the participation of Spanish midwives during international conferences, the ideas of Michel Odent, Frances Lamaze or Grantly Dick-Read were taking effect. Consuelo Ruiz was a pioneer, promoting the use of psychoprophylaxis of childbirth, and a great fighter for the rights women have to decide their intended place of birth.[14] Consuelo was one of the founders of the still active organisation Nacer en Casa (Be Born at Home). The growth of women's organisations such as el Parto es Nuestro or professionals ones for homebirths like the Catalonia Association of Homebirth Midwives (ALPAC) in Catalonia, means that homebirths in Spain are once again a safe option.

As part of the Spanish midwives' competencies, they can practice at home, in public and private hospitals. However, this midwifery training does not include homebirths, and is based on hospital and primary care settings. Midwives who attend homebirths act independently of the system, and families bear the cost. Independent midwives are not available in every region, limiting access. Furthermore, the existing legal vacuum around non-medical prescribing practices,[15] which makes obstetric emergency drugs difficult to access in some parts of Spain, added to the lack of official bodies that protect midwifery practices with insurance, puts midwives in a legal bind that negatively influences their decision to attend homebirths.

And now… what do we know?

Two quantitative studies with data on planned homebirths have recently been published for the first time in Spain.[16,17] Both show similar results to other countries where homebirth assistance is not integrated into the healthcare system.[18,19] Both studies share similar conclusions: that more than 90% of women with planned homebirths had a spontaneous onset vaginal delivery and the transfer figures were less than 15%.

Conclusion

In the words of Consuelo Ruiz, there are four main enemies in the support for homebirths: ignorance, fear, pain and impatience.[14] Pressuring institutions for a midwifery school where education is based on the most up-to-date knowledge and the safest practices would bring together all professionals, create harmony with the medical community and provide the quality of care that our families deserve. Including homebirths in the healthcare system agenda does not mean stepping back to the past but regaining confidence in midwives as the advocates for low-risk births and in the autonomy and power of women to give birth as well as make decisions. TPM

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