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Risk & Birth:
Social or Medical Model

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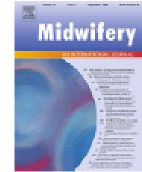

Risk, theory, social and medical models: A critical analysis of the concept of risk in maternity care

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ABSTRACT

Background: there is an on-going debate about perceptions of risk and risk management in maternity care.

Risk is socially constructed, i.e. it may not represent the most likely or burdensome hazards.

Risks are those hazards/dangers believed to be most immediate or -in case of obstetrics- dangers that practitioners believe they can prevent or reduce.

Risk-society is characterised by over-monitoring of populations & individuals ‘caused’ by availability of information systems (Beck, 1992: 4).

The more information we have, the more we worry and the more we ‘create’ further risks.

Our world is risk averse. McDonald’s has warnings on coffee cups that these may contain hot liquids (Cain, 2007).

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Medical or Social Model

Definition medical model of childbirth:

"pregnancy is only safe in retrospect";

Definition based on social model would be:

"childbirth is in principle a normal physiological event, which only need (medical) intervention in a 'few' cases".

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Models of Health & Illness

"Defining a problem in medical terms, usually as an illness or disorder, or using a medical intervention to treat it" (Conrad 2005, p. 3).

Medical model is part of wider notion 'medicalisation'; the process of social change over time from a 'social model' towards a more '(bio-) medical' model.

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Medical vs. Social Model

Medical model	Social/midwifery model
❖ Doctor-centred	❖ Woman/patient-centred
❖ Objective	❖ Subjective
❖ Male	❖ Female
❖ Body-mind dualism	❖ Holistic
❖ Pregnancy: only normal in retrospect	❖ Birth: normal physiological process
❖ Risk selection is not possible	❖ Risk selection is possible
❖ Statistical/biological approach	❖ Individual/psycho-social approach
❖ Biomedical focus	❖ Psycho-social focus
❖ Outcome: aims at live, healthy mother and baby.	❖ Outcome: aims at live, healthy mother, baby & satisfaction of individual needs.

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Medical model 'promotes risk

Medical model stresses ***risk*** element & claims that medicine (obstetrics-led care based in large hospital) can best improve chances of a positive outcome.

Medical definitions of risk require that childbirth be accompanied by medical technology, monitoring & often intervention (DeVries, 1996).

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Statistics are key!

‘High-risk' pregnancy defined on basis of statistical, rather than individual considerations. Risk is defined as statistical in nature, hence solutions based on measurements (statistics).

Risks are identified & controlled through medical surveillance and treatment.

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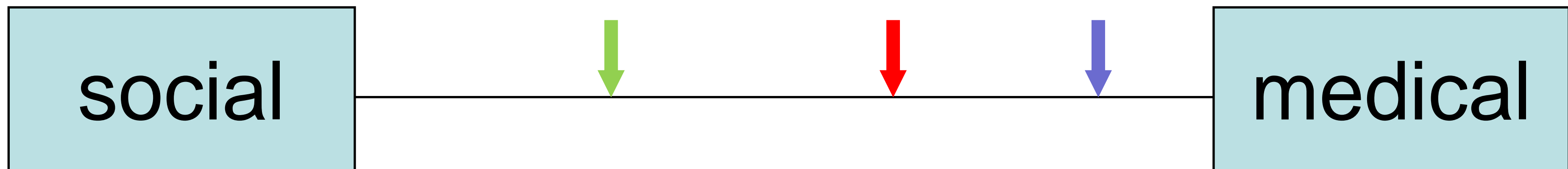
Medical ↔ Social Model

Polarised Continuum of Practice?



In practice: (a) people / units ‘fit’ somewhere in between two extreme ends of a continuum; and (b) individual staff or whole maternity units can change their working practice over time (i.e. not static model).

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Risk relates to control

- Professional groups gain control by ‘creating’ risk–that is by emphasising risk, by redefining life events as ‘risky’.

De Vries (1993:141).

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Risk is value-laden

- Risk is a value judgement! Hence going against dominant perception of risk is also ‘morally wrong’, ‘non-compliant’, or ‘showing socially unacceptable behaviour’

“*When a mother shows a reluctance to accept official protocols, she is often reminded about the "risk" to her baby*.”

(Cartwright & Thomas 2001: 219).

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Unintended consequences

- Trying to avoid certain risks leads to others!

The risk of a complaint against hospital or staff being successful can be reduced by good record keeping of the maternity care provided.

This risk reduction strategy (largely to protect organisation) translates in midwives spending more time on writing paperwork and less on face-to-face care.

This in turn reduces the psycho-social care experienced by pregnant women!

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Risk matters!

The way we define risk in relation to childbirth determines how society organises maternity care, e.g. what is generally seen as the safest/ best place of birth and the most appropriate maternity care provider.

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Thank You!

Edwin van Teijlingen