



Time 4 You – 2 Maternity Conference

Risk & Birth: A social science view

Prof. Edwin van Teijlingen

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

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Normal birth: social-medical model



Jilly Ireland and Edwin van Teijlingen consider the use of the term ‘normal birth’ and conclude that it reflects

SUMMARY Understanding the underlying sociological models of pregnancy and childbirth can help policy makers, midwives and new mothers to put issues around ‘normal birth’ into perspective. Being aware of the medical and social model of childbirth also helps us understand why some people seeing the world from one particular perspective cannot ‘see’ or comprehend solutions to a problem that are based on an opposing perspective. Whether you regard pregnancy as a normal event in a woman’s life cycle or as a risky event that can only be defined as safe in retrospect, gives strong clues as to how you see the world. It is important to be aware that models are constructed to help us understand the world; they are abstract, not ‘real’, although they can be real in their consequences.

Keywords Social theory, perspectives, medicalisation, normal birth

of risk and risk management in maternity care.

We learn that something is 'risky'

- Our willingness to accept certain risks and certain risk levels are affected by our previous experience, expert advice (NICE), our immediate surroundings and wider culture.
- The media both report, create and fuel notions of risk.

Schools banning conkers and leapfrog over safety fears

Traditional playground games such as conkers, British bulldog and leapfrog are disappearing from schools because of irrational fears over health and safety, according to research.



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Most women and men of childbearing age will not have seen a birth (until they have their own) other than in the mass media (film, TV, sex education video at school).





ELSEVIER

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw



Why are young Canadians afraid of birth? A survey study of childbirth fear and birth preferences among Canadian University students



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and birth by CS. Worries over physical changes following pregnancy and birth, favourable attitudes towards obstetric technology, and exposure to pregnancy and birth information via the media were also significantly associated with a preference for CS. Fear of birth scores were highest among students who reported that the media had shaped their attitudes towards pregnancy and birth. Asian students had

Even students ('wiser'/ better educated than general public) were heavily influenced by the mass media!!

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.

Information helps us
to create 'risk', maintain it & control it.

Medical or Social Model

Definition medical model of childbirth:

“pregnancy is only safe in retrospect”;

Definition based on social model would be:

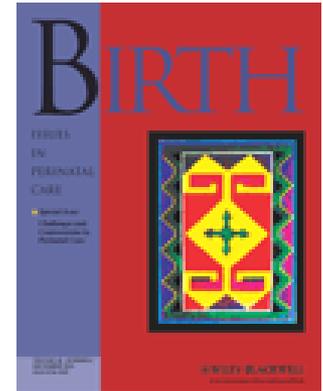
“childbirth is in principle a normal physiological event, which only need (medical) intervention in a ‘few’ cases”.

Models of Childbirth

“Pregnancy in western society, in fact, straddles the boundary between illness and health: the status ‘pregnant’ is unclear in this regard and women perceive that others are not sure whether to treat them as ill or well.”

Comaroff, J. (1977) Conflicting paradigms of pregnancy: Managing ambiguity in antenatal encounters, In. Davis, A, Horobin G. (eds.) *Medical encounters: The experience of illness and treatment*. London: Croom Helm page 116.

Sheila Kitzinger



“In a technocratic system, birth usually takes place in an alien environment among strangers, with routine use of invasive procedures that are promoted by multinational drug and equipment companies.”

Kitzinger, S. (2012) Rediscovering the Social Model of Childbirth,
Birth 39 (4): 301-4.

Some 'promote' risk

Medical definitions of risk lead to childbirth 'needing' medical technology, monitoring and often intervention.

Medical model stresses ***risk in pregnancy & childbirth***. And then claims that medicine (obstetrics-led care based in large hospital) can reduce these risks, i.e. improve chances of a positive outcome.

NICE guidelines in the Media

News headline BBC:

Women 'should have labour choice'

NICE deputy chief executive:

- "The evidence we have tells us that giving birth has never been safer than it is today."

[<http://news.bbc.co.uk/1/hi/health/5107304.stm>]

Unintended consequences I

- Unintended /unanticipated/ unforeseen consequences are outcomes that are not the ones intended by a purposeful action (Merton).
- Trying to avoid certain risks leads to others!

Unintended consequences II

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



Risk reduction strategy (to protect organisation) means midwives spend more time on paperwork and less on care.



Reduces psycho-social care / well-being of women!



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Thank you!

Edwin van Teijlingen