

midirs Writes



Editorial comment on issues addressed
in this month's Essentially MIDIRS...

October 2010 • Volume 1 • Number 4



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Comment by
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Bad science and the limitations of choice

We have included in this issue of *Essentially MIDIRS* a commentary and critique (Newburn *et al* 2010) of the recent Wax *et al* (2010) meta-analysis of home birth, a paper which has received sharp criticism from many groups and individuals around the world. This would appear to be the latest in a line of (in)famous publications which claim to show low-tech birth choices in a poor light yet which, upon analysis, are found to contain serious methodological flaws that render their findings neither robust nor reliable. In common with some of the other studies in this category, the findings have received a significant degree of attention from the mass media in several countries and this coverage has included and fuelled arguments about whether women should be able to choose options that may not be 'safe' for their baby.

But who defines 'safety', and what does this really mean?

Proponents of the technocratic approach to childbirth (and it is not ideal to talk about complex paradigms in stark and opposing ways, but simplicity does have advantages when you have limited space in which to write) have long used the notion of risk as a way of controlling women's choices and actions:

'The question of risk has been a constant reference point for obstetrics whenever there has been a controversy over who should control the birth process, women or medicine.'
(Murphy-Lawless 1998:21)

As Jo Murphy-Lawless (1998) and other sociologists such as Ann Oakley (1980) have long noted, the argument that childbirth should be medically controlled is based on two linked claims. Firstly, the claim that childbirth is risky, and secondly that the technocratic

approach to childbirth – which includes ongoing screening, monitoring and measurement along with interventions to address any deviations from the norm – reduces that risk. The studies that have evaluated this claim, however, consistently fail to demonstrate that this approach is effective. Indeed, a wealth of evidence has grown over the past few decades showing that the opposite is the case (Oakley 1984, Tew 1985, Tew 1986, Oakley 1993, Enkin *et al* 2000, Wagner 2006).

Using risk to control choice

The process of debating research is an important element in the way that knowledge grows, and it occurs throughout all disciplines. What is different as far as this kind of research is concerned is that the consequences of its publication – in contrast to, say, a controversial study about global warming, or one that



overturns traditional understanding of the best way to cultivate a particular type of blueberry – may include measures which attempt to limit the choices that individual women are able to make.

In general, it is much easier to raise concerns about risk than to prove safety. Because of this, the positioning of risk as the enemy (which we can then use tools and technologies to fight and beat), has become a most effective means of controlling birthing women. Those of us who want home birth and other low-tech ways of birthing to continue to be an option for women are on the back foot, because we cannot prove that home birth is totally safe. Home birth isn't totally safe because birth isn't totally safe because life isn't totally safe. No study within the field of maternity care has ever shown, or will ever show, that a particular option can offer a guarantee of absolute safety, including hospital care with every intervention known to womankind. This is because human life does not come with a guarantee and nothing will completely eradicate the possibility that something may go awry in any situation or context. The concept of safety in this context is a chimera, as evidenced by the fact that, while women may be considered 'low-risk' or 'high-risk' in relation to pregnancy and birth, no-one ever gets placed into the category of 'no-risk'.

The nature of research itself means that it is possible to infer much more than can ever be proven, and this again makes it far, far easier when undertaking research to raise the possibility that something may be risky than to prove that it is safe. Scientists understand that this is the case even with well-conducted research, and yet there is a continued trend within the technocratic birth world towards publishing poorly conducted research – what some have termed 'bad science' – and then making unwarranted claims about its implications. In the worst case scenario, these claims over-sell the quality of the research, make gratuitous assumptions about its applicability in different contexts and then (often with the help of the mass media) convert these into calls to prevent certain (or sometimes all) women from making particular choices.

The Wax *et al* paper (2010) contains a number of serious flaws and, while some have defended its value, others have equally quickly relegated it to the category of bad science. Because people have different beliefs about birth, there is probably no chance that we will ever all agree and in some ways it may be better that we do not, for debate fuels knowledge and understanding. However, to suggest that choice may be given or taken away

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according to somebody else's application of a concept as fragile and debatable as that of risk may be the beginning of a very slippery slope. Ultimately, no matter what one thinks about the value of a particular piece of research, the more serious issue concerns the difference between the value of research findings and the way these are used to limit women's options. I believe that we have a duty to do everything we can to challenge the idea that tenuous and contested concepts of risk and safety can continue to be used as a means of controlling women and preventing them from making choices about their bodies.

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